State File No. 001
Local Reg. No. 12
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 13 1967 Bureau of V

1. PLACE OF DEATH
a. COUNTY: Ada 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 018
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print)
a. (First): Cordelia (Adelia)
b. (Middle): Evelyn
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 27, 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Poke County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dan Elliott — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Arthur A. Larson — ADDRESS

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema & congestive failure — INTERVAL BETWEEN ONSET AND DEATH: ±2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13, 1966, *to* 12/31, 1966, *that I last saw the deceased alive on* 12/31, 1966, *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 095, M.D. 095
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 1-13-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters [signature]
LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 002
Local Reg. No. 59
Reg. Dist. No. 370

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO.

FEB 3 1967
Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 2-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1905 Kerr

3. NAME OF DECEASED (Type or Print)
a. (First): Uva
b. (Middle): Elizabeth
c. (Last): Walton

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: March 26, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Highmore S. Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Leui Fawcett Wathall — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Ada Anna Castle — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 518-22-1417
17. INFORMANT'S OWN SIGNATURE: Ada L. Miller — ADDRESS: Boise 1024 Victory

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of bladder — INTERVAL BETWEEN ONSET AND DEATH: 1810

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bowel obstruction

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/1/66 *19*___, *to* 1/1/67 *19*___, *that I last saw the deceased alive on* 12/30/66 *19*___, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 054 M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-4-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-3-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-6[illegible]21 — Helen Olson
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 27 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 003
Local Reg. No. 61
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Ada 01	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Utah 43-555 b. COUNTY: SaltLake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 3-01	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salt Lake City
c. LENGTH OF STAY (in this place): 1 Day	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003	d. STREET ADDRESS (If rural, give location): 664 South West Temple Street

3. NAME OF DECEASED (Type or Print)	a. (First): Ellen	b. (Middle): Hope	c. (Last): Tripp	4. DATE OF DEATH (Month) (Day) (Year): Jan. 1 1967
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed	8. DATE OF BIRTH: Dec. 6, 1884	9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY: Same	11. BIRTHPLACE (State or foreign country): Richmond, Utah	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: William Hope	BIRTHPLACE: No Record	14. MOTHER'S MAIDEN NAME: Ann Smith	BIRTHPLACE: No Record	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Steven O. Spence	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan, 1967, *to* _____, 19__, *that I last saw the deceased alive on* 1 Jan, 1967, *and that death occurred at* 3:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J Hug W Attilly 14 J	(Degree or title): MD	23b. ADDRESS: 401 Idaho Boise Idaho	23c. DATE SIGNED: 26 Jan. 67
24a. BURIAL, CREMATION, REMOVAL (Specify): Rem- Burial J	24b. DATE: Jan. 6, 1967	24c. NAME OF CEMETERY OR CREMATORY: Arimo Cemetery	24d. LOCATION (City, town, or county) (State): Arimo, Idaho
DATE REC'D BY LOCAL REG.: 1-31-67	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: E-460

FIRM NAME: ~~ELAR~~ RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 1 0 1993

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR - 5 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 004
Local Reg. No. 23
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 1 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1323 Leadville

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Fremont	Brown	Jan.	1,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 2, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minister 18	Ministry	Perry, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John G. Brown	Unknown	Emily --------	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-28-5845	C. E. Calder	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	CVA	1wk
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	GI Hemorrhage E	
DUE TO (c)	Gastritis	4days
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Jan 1, 1967, *that I last saw the deceased alive on* Jan 1, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker, MD	121 E. Idaho Boise	1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/4/67	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-67	Myrtle Palmer	John F. Gilbertson	E45

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 29 2010

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 005
Local Reg. No. 2
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3100 Crane Creek Road

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Andrew
c. (Last): Adams

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 8, 1954
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Seattle, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry F. Adams — BIRTHPLACE: Va.
14. MOTHER'S MAIDEN NAME: Helen Zimmerman — BIRTHPLACE: Payette, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry F. Adams — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH — 550.1

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive peritonitis — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): acute appendicitis — 24 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: gastric dilatation — 8 hours

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: as noted above.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1967, *to* Jan. 2, 1967, *that I last saw the deceased alive on* Jan. 2, 1967, *and that death occurred at* 50 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Frazier, M.D. 176 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: Jan. 4, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 1-5-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 006
Local Reg. No. 8
Reg. Dist. No. 270

BIRTH NO.

RECEIVED
JAN 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada (01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Luke's Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho (16) b. COUNTY: Ada (01)
c. CITY, OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Roy
c. (Last): Harrison

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 13, 1915

9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otis Harrison
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mamie Kromrei
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 530-09-2228

17. INFORMANT'S OWN SIGNATURE: x Bernice Harrison
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4201 Probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Cardiovascular Disease.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Renal Insufficiency
Congestive Failure

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March, 1966, *to* 9/8, 1966, *that I last saw the deceased alive on* 9/8 1966, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bruce Moody (Degree or title): MD
23b. ADDRESS: 2429 N. Cole Rd
23c. DATE SIGNED: 1/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-11-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John T. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 2008

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 007
Local Reg. No. 7
Reg. Dist. No. 270

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN: Boise
b. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett,
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): LELAND
b. (Middle): MERYL
c. (Last): HOCH

4. DATE OF DEATH (Month) (Day) (Year): Jan 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Dec 4, 1919	47	1			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
trucker 27	transportation	Dakota City, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George R. Hoch	Dakota City Neb.	Mary Jane Heikes	Dakota City Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW11	519-12-7754	X Margaret E. Hoch	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Apparent Coronary occlusion 4201 — INTERVAL BETWEEN ONSET AND DEATH: Moment

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dead on arrival at Hosp, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Forney M.D.	425 Bannock Boise	1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan 6, 1967	Terrace Lawn Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-9-67	Myrtle Palmer	Walter Potter	E445

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 198

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended January 6, 1967

Certificate of Death

STATE OF IDAHO

State File No. 008
Local Reg. No.
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 37 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1212 East State Street

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES; b. (Middle) 292 HARRISON; c. (Last) SHERMAN

4. DATE OF DEATH: (Month) (Day) (Year): January 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 3, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic & Salesman 27
10b. KIND OF BUSINESS OR INDUSTRY: Automobiles
11. BIRTHPLACE (State or foreign country): Inwood, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Charles Sherman — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Ella Easton — BIRTHPLACE: Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-32-2637
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Carolyn H. Sherman, 1212 E. State St., Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma Left Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7 June 66
19b. MAJOR FINDINGS OF OPERATION: Malignant Tumor Left Upper Lobe Lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 May, 19 66, *to* death, 19____, *that I last saw the deceased alive on* 12 Dec, 19 66, *and that death occurred at* 9:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert F. Holdren, M.D.
23b. ADDRESS: 201 W. State St.
23c. DATE SIGNED: 3 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-5-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMurtrey
LICENSE NO.: E 410

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed Jan 6, 1967

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Charles Harry Sherman (Name on Original Certificate) who died (Was Born or Died) on Jan. 3, 1967 (Date of Event)

in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the

true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 3b	Harry	Harrison

Subscribed and sworn to before me this 6 day of January, 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed [signature]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

1205 Bannock Boise Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 6 day of January, 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

Signed [signature]

(Signature of Any Credible Person)

1205 W Bannock Boise, Idaho

(Street Address, City, State)

FORM DH 60-155

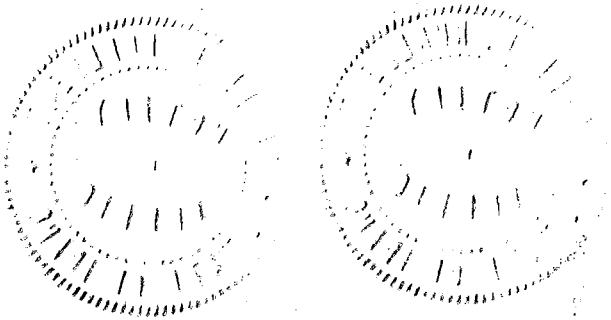

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 6 1967 Bureau of V

State File No.
Local Reg. No. 1
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 37 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1212 East State Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): HARRY
c. (Last): SHERMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 3, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic & Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Automobiles
11. BIRTHPLACE (State or foreign country): Inwood, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Sherman — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Ella Easton — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-32-2637
17. INFORMANT'S OWN SIGNATURE: Carolyn H Sherman — ADDRESS: 1212 E. State Ida. Boise,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic Carcinoma Left lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7 June 66
19b. MAJOR FINDINGS OF OPERATION: Malignant Tumor Left upper lobe lung
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 May, 1966, *to* death, 19__, *that I last saw the deceased alive on* 12 Dec, 1966, *and that death occurred at* 901309 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Holdren, M.D.
23b. ADDRESS: 201 W. State St
23c. DATE SIGNED: 3 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-5-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Dale McMurthey — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

- JAN 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-009
BIRTH NO.

RECEIVED
JAN 18 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 009
Local Reg. No. 16
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1619 North 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First) SHIRLEY
b. (Middle)
c. (Last) STAPLEMAN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 3, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-married
8. DATE OF BIRTH Jan. 3, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 6 Min. 4

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Richard B. Stapleman, BIRTHPLACE Rupert, Ida.
14. MOTHER'S MAIDEN NAME Nancy McMillan BIRTHPLACE Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE 1619 N. 8th ADDRESS Richard B Stapleman Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-3, 1967 *to* 1-3, 1967, *that I last saw the deceased alive on* 1-3, 1967, *and that death occurred at* 9:40 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M D
23b. ADDRESS 200 E Bannock St
23c. DATE SIGNED 1-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-7-67
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn, Idaho

DATE REC'D BY LOCAL REG. 1-12-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature] E. Walker
LICENSE NO. E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED JAN 1 8 1967 Bureau of Vital Statistics

State File No. 010
Local Reg. No. 22
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1113 Howard St.

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Raymond c. (Last) Stone

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: June 27, 1909
9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bus Driver 27
10b. KIND OF BUSINESS OR INDUSTRY: Boise Bus Co.
11. BIRTHPLACE (State or foreign country): Star Valley, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Stone — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Eva Hardman — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-16-9252
17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Boise, Idaho

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute Arteriosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis Chr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1958 *to* Jan 3, 1967, *that I last saw the deceased alive on* 12-26, 1966, *and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson [signature]
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 011
Local Reg. No. 37
Reg. Dist. No. 370

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Weeks 3-14
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Charlotte
c. (Last): Ryska

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1967

5. SEX: Female
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 4, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Goerge Eden — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Florence Steel — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William Ryska — ADDRESS:

18. CAUSE OF DEATH 5721
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis & multiple abscesses — INTERVAL BETWEEN ONSET AND DEATH: 19 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated sigmoid diverticulitis
DUE TO (c) Sigmoid diverticulosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
OBESITY, Chaledochalithiasis, P.O. Colostomy & Chaledochostomy

19a. DATE OF OPERATION: 12/20/66
19b. MAJOR FINDINGS OF OPERATION: Rupt. sigmoid diverticulosis; Cholelithiasis & jaundice
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/19, 1966, *to* 1/31, 1967, *that I last saw the deceased alive on* 1/21, 1967, *and that death occurred at* 3:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard O. Sycitat MD
23b. ADDRESS: 901 E. Bannock, Boise
23c. DATE SIGNED: 1/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star Idaho

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elach [illegible]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 012
Local Reg. No. 3
Reg. Dist. No. 370

RECEIVED
JAN 9 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3-01 36 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1407 Boise Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): 003
c. (Last): STROUP

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 2, 1902

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dist.Mgr.-Saleslady

10b. KIND OF BUSINESS OR INDUSTRY: Cosmetics

11. BIRTHPLACE (State or foreign country): Ashley, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Sparhawk

BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Fannie Barnum

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-20-6878

17. INFORMANT'S SIGNATURE: Ben R. Stroup
ADDRESS: 1407 Boise Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident (hemorrhage) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic encephalopathy — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 Aug, 1965, *to* 4 Jan, 1967, *that I last saw the deceased alive on* 4 Jan, 1967, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clayton C. Morgan 370 (Degree or title): M.D

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 7 Jan 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-7-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-9-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 9 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 19 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 013
Local Reg. No. 4
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 01 Ada JAN 9 1967 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Boise
c. LENGTH OF STAY (In this place) 2 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3115 Sycamore Drive

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise Valley Sunset Home

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) M. 235 c. (Last) SUITER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH March 4, 1876
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor-Builder
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Barton, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 11 George Suiter BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Augusta Yaples BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 519-20-6235
17. INFORMANT'S OWN SIGNATURE 6201 Overland ADDRESS Marjorie I. Suiter Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease with heart block. — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11.24, 1957, *to* 1.4., 1967, *that I last saw the deceased alive on* 12.30, 1966, *and that death occurred at* 7:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. D.
23b. ADDRESS 512 N. 16th St. Boise, Idaho, 83702
23c. DATE SIGNED 1.6.67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-7-67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 1-9-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER LICENSE NO. E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 9 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 17 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 014
Local Reg. No. 24
Reg. Dist. No. 370

Certificate of Death

RECEIVED JAN 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 612 Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Jose
b. (Middle): -----
c. (Last): Idoeta

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 19, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep 26
10b. KIND OF BUSINESS OR INDUSTRY: Sheep Business
11. BIRTHPLACE (State or foreign country): Bolivar Vizcaya, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Domingo Idoeta — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Katalina Zabala — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Eugene Idoeta — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Pancreas with Common duct Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1962

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cirrhosis & Ascites
DUE TO (c) Malnutrition — 1966

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cancer of Pancreas.
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1962, *to* Jan 4, 1967, *that I last saw the deceased alive on* Jan 3, 1967, *and that death occurred at* a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 267 Everett N. Jones M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-9-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 015
Local Reg. No. 1
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JAN 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada -01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 1½ Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State Penitentiary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2909 Stewart Street

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) LEWIS c. (Last) BRINK
4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-married
8. DATE OF BIRTH Aug. 23, 1945
9. AGE (In years last birthday) 21 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert F. Brink BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Sarah Catherine Guerin - Libby, Mont. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S OWN SIGNATURE Robert F. Brink ADDRESS 1535 Benten St. Alameda, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted strangulation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Despondent
DUE TO (c) Suicial intendency for months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, 19__, *to* alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 8:45 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Carl E. Sanders, Coroner
23b. ADDRESS 5716 Overland Dr. Boise
23c. DATE SIGNED 1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-9-67
24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 1-9-67
REGISTRAR'S SIGNATURE Myrtle Talmer
25. EMBALMER Joe E. Walker LICENSE NO. E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 9 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 016
Local Reg. No. 38
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 3 0 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 000
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 5709 Fairview Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Clark b. (Middle) E. c. (Last) Casaday

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 22, 1876
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) No Record
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME BIRTHPLACE No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 333-22-[illegible]
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10/66, 19__, *to* 1/4/67, 19__, *that I last saw the deceased alive on* 1/3/66, 19__, *and that death occurred at* 9:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M. D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 1/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION
24b. DATE 1. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Mt. View Memorial
24d. LOCATION (City, town, or county) Boise, (State) Idaho

DATE REC'D BY LOCAL REG. 1-25-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-460

FIRM NAME: McBrathey-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 017
Local Reg. No. 17
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JAN 18 1967
Bureau of Vital

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5709 Fairview Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): PEDRO
b. (Middle): 300
c. (Last): ARESCURRINAGA

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-married
8. DATE OF BIRTH: May 15, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepherder 06
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Navarnis, Spain
12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Jose Domingo Arescurrianga — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Gregoria Savala — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-60-7187
17. INFORMANT'S OWN SIGNATURE: Antonio Ares — ADDRESS: 6112 Primrose, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombophlebitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema

INTERVAL BETWEEN ONSET AND DEATH: 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/6/65 *19__, to* 1/5/67, *19__, that I last saw the deceased alive on* 1/4/67, *19__, and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 054 M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-9-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 018
Local Reg. No. 9
Reg. Dist. No. 370

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1315 North 7th Street

3. NAME OF DECEASED (Type or Print): a. (First) JOSIE — b. (Middle) ALICE — c. (Last) DEETER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 20, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Tillamook, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Davidson — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Olive Alice Graham — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-01-2987

17. INFORMANT'S OWN SIGNATURE: Ora P. Deeter — ADDRESS: 1315 N. 7th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cirrhosis & Ascites — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hepatic Obstruction
DUE TO (c): Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Common bile duct & hepatic duct, fill of c stone

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/19, 1966, *to* 1/5, 1967, *that I last saw the deceased alive on* 1/5, 1967, *and that death occurred at* 12:52 AM *from the causes and on the date stated above.*

23a. SIGNATURE: R Bruce Moore 368 (Degree or title): MD

23b. ADDRESS: 2429 N. Cole Rd

23c. DATE SIGNED: 1/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-7-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-12-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 019
Local Reg. No. 10
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1918 State St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ralph	Leroy	Thompson	1	6	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	married 3	3/8/1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintenance 06
10b. KIND OF BUSINESS OR INDUSTRY: Schools
11. BIRTHPLACE (State or foreign country): Lenora, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Franklin William Thompson — BIRTHPLACE: Nebr.
14. MOTHER'S MAIDEN NAME: Susanna Emaline Goldsberry — BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 512-20-2377
17. INFORMANT'S OWN SIGNATURE: Mrs. Ralph Thompson — ADDRESS: 1918 State Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic endocarditis and Valvular replacement
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4744

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Jan 1, 1967, *that I last saw the deceased alive on* Jan 1, 1967, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Allison 36	M.D.	Boise Ida	1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
removal 3	1/7/67	Hillcrest Cemetery	Weiser	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-12-67	Myrtle Palmer	[illegible] Thompson	E 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 020
Local Reg. No. 59
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 6 1967 3-03
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF [illegible] (If outside place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2706 Ponderosa St.

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): E.
c. (Last): Fontaine

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 11, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 23
10b. KIND OF BUSINESS OR INDUSTRY: Liquor
11. BIRTHPLACE (State or foreign country): Sault Ste. Marie, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Antwine Fontaine — BIRTHPLACE: "No Record"
14. MOTHER'S MAIDEN NAME: Mary Zerson — BIRTHPLACE: "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 452-10-6211
17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis Liver

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-5, 1966, *to* 1-6, 1967, *that I last saw the deceased alive on* 1-6, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Russell A. Morrill Mr 357
23b. ADDRESS: Boise Id
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 5 1971 FEB 6 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 021
Local Reg. No. 6
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH — 011 JAN 1 1967
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2105 Bannock St.

3. NAME OF DECEASED (Type or Print): a. (First) Glenna b. (Middle) Veletta c. (Last) Girdner

4. DATE OF DEATH: (Month) Jan. (Day) 6, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 1, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Aide 13
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Mapleton, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Wassom — BIRTHPLACE: Muhoska Co. Iowa
14. MOTHER'S MAIDEN NAME: Clara Greenwood — BIRTHPLACE: Peoria, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-30-8641
17. INFORMANT'S OWN SIGNATURE: x Mrs. Velma C. Girdner — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Breast 6 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paget's Disease Breast 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/14/, 1965, *to* 1/6/, 19 67, *that I last saw the deceased alive on* 1/6/, 19 67, *and that death occurred at* 5:20 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 2900 Overland, Boise, Idaho 83705
23c. DATE SIGNED: 1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/1967
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 1-11-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

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JAN 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

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ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 022
Local Reg. No. 39
Reg. Dist. No. 370

RECEIVED JAN 3 0 1967 BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY IN (this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6614 Hummel Drive

3. NAME OF DECEASED (Type or Print): a. (First) Lucinda b. (Middle) Pearl c. (Last) Tefft

4. DATE OF DEATH: (Month) Jan. (Day) 7 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 5

8. DATE OF BIRTH: Dec. 3, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Rockford Minn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fletcher W. Powers
BIRTHPLACE: Minn.

14. MOTHER'S MAIDEN NAME: Hattie Bell Lewis
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 4201

17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 9 dys

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary atherosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Dec, 1966, *to* 7 Jan, 1967, *that I last saw the deceased alive on* 6 Jan, 1967, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hugh Atteberry Jr MD (Degree or title)
23b. ADDRESS: 401 Idaho Boise Idaho
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mission Cemetery
24d. LOCATION (City, town, or county) (State): Barrett Minn.

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Frank Relyea
LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 30 1967

FEB 15 1967

NOV 20 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 023
Local Reg. No. 20
Reg. Dist. No. 370

RECEIVED JAN 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 North 28th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 409 North 28th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ANN	SCHNACKER	Jan. 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	June 23, 1966		6	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	---	Grants, Pass, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sonnie Lee Schnacker	Atchison, Kan.	Patricia Ann Alverson	Boise, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	---	Mrs Sonnie L. Schnacker	409 N. 28th Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Asphyxiation, Carbon-Monoxide Fumes	Mins;
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Then badly burned.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	While sleeping, Fire Consumed their small frame building.	Mins

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 E. D. Paris	Coroner	3720 Meadow Drive, Boise.	1-10-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-10-67	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-12-67	Myrtle Palmer	Fred E. Walker	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 0 9 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 024
Local Reg. No. 19
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

JAN 18 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 North 28th Street 3-21

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 409 North 28th Street

3. NAME OF DECEASED (Type or Print): a. (First) LEEANN b. (Middle) MARIE c. (Last) SCHNACKER

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 7, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 20, 1964
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Dallas, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Sonnie Lee Schnacker, Atchison, Kan.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Patricia Ann Alverson, Boise, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Mrs Sonnie L. Schnacker — ADDRESS: 409 N. 28th Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation, Carbon-Monoxide Fumes — INTERVAL BETWEEN ONSET AND DEATH: M, ns;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Then badly burned.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* While sleeping, Fire Consumed their small frame Building. — Mins;

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Paris (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 1-10-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-10-67
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 1-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 0 9 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 025
Local Reg. No. 18
Reg. Dist. No. 370

RECEIVED JAN 18 1967 Bureau of Vital 3-21

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 North 28th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 409 North 28th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JERRY
b. (Middle): LEE
c. (Last): SCHNACKER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-married
8. DATE OF BIRTH: July 19, 1963
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Sonnie Lee Schnacker, Atchison, Kan.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Patricia Ann Alverson, Boise, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Mrs Sonnie L Schnacker, 409 N. 28th St. Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation, Carbon-Monoxide Fumes — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Then badly burned.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* While sleeping, Fire Consumed their small frame Building. — Mins;

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 E. D. Pris Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-10-67
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 1-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 0 9 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 026
Local Reg. No. 11
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2031 South Orchard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHAMP	C.	RAMSEY	Jan. 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 24, 1919	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber & Groceryman	Same	Bruneau, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Matt L. Ramsey	Little Vine, Mo.	Lottie Dunham	Three Creek, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519-16-8702	Edna M. Ramsey	2031 Orchard Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) Had complained of severe pains in chest that morning. — 2 Hrs;

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not to See Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 845 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 [signature]	Coroner 4	3720 Meadow Drive, Boise	1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-11-67	Bruneau Cemetery	Bruneau, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-13-67	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 027
Local Reg. No. 21
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JAN 18 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rural Route # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	KERMIT	WOLF	1	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	9-30-1901	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Horse Trainer 21		Broken Bow, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Wolf	St. Joseph, Mo.	Emma Wellington	Brockton, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		549-24-1817	Bessie A Wolf	R.R.# 3 Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Malnutrition due to Ulcerative colitis	2 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Complication of accidental shotgun injury	2 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 42	(COUNTY)	(STATE)
Accident	Twin Falls - 14	Near Twin Falls		Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐	NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCoccur?
Oct	29	1966	12:05 P.M. 2			Pheasant hunting - accidentally tripped - gun discharged -

22. *I hereby certify that I attended the deceased from* 29 Oct, 1966, to 8 Jan, 1967, *that I last saw the deceased alive on* 8 Jan, 1967, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J Hugh Atteberry 014	MD	401 Idaho Boise Ida	12 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-11-67	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-13-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 5 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 028
Local Reg. No. 2
Reg. Dist. No. 271

RECEIVED JAN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 120 E. 38th Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	NMI	WILLIAMS	1	8	67.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	3-26-94	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman Retired. 17
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Hotron, Penn.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Emery Williams — BIRTHPLACE: Penn.,.
14. MOTHER'S MAIDEN NAME: Lizzie Miller. — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518095187
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis. — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1-7, 19 67, to 1-8, 1967, that ~~to the best of my knowledge death occurred at the hour stated above~~ and that death occurred at 6:40AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. 397	VA Center, Boise, Idaho	1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/12/67	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1967

MAR 2 1967

APR 22 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 029
Local Reg. No. 14
Reg. Dist. No. 370

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 13 1967

1. PLACE OF DEATH

a. COUNTY: Ada 01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bur

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 01

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 902 Hays Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ellen	Hulda	Pearson	Jan. 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 4, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Payette, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Johnson	Sweden	Anna Hill	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-18-5526	* Mrs Ben Hansen	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

330X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Sub arachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension (essential)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1955, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 8, 1967, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker MD	121 E. Idaho, Boise	1-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/11/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-13-67	Myrtle Palmer	[illegible]	435

Federal Security Agency
United States Public Health Service

Form DH-6302 Helen Olsen

FIRM NAME: McBratney-Alden-Waggoner Chape

1

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-554

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 030
Local Reg. No. 25
Reg. Dist. No. 370

JAN 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise 3-01
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Jess b. (Middle) c. (Last) Drake

4. DATE OF DEATH (Month) (Day) (Year): Jan. 9, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 8, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Emmett, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dell A. Drake — BIRTHPLACE: Rexburg, Idaho

14. MOTHER'S MAIDEN NAME: Betty Lou Pennington — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X [illegible] — ADDRESS: Emmett Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7735

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 27 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1967, *to* Jan 9, 1967, *that I last saw the deceased alive on* Jan 9, 1967, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl McJohnston 264 — (Degree or title) M.D.

23b. ADDRESS: 848 La Crosse Dr. Boise Idaho

23c. DATE SIGNED: 1/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan 10, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sweet

24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: 1-18-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Glenn W Beatty

LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 031
Local Reg. No. 5
Reg. Dist. No. 370

RECEIVED JAN 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (In this place) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1501 Division

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hosp 003

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) William c. (Last) Sonson

4. DATE OF DEATH: (Month) Jan. (Day) 9 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 20 1902
9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Remington Shaver 86
10b. KIND OF BUSINESS OR INDUSTRY: Remington
11. BIRTHPLACE (State or foreign country): Brooklyn, N.Y.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. Sonson BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mary L. Sonson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 4201

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 9/3, 1966, to 1/9, 1967, *that I last saw the deceased alive on* 1/9, 1967, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Clarkson 095 (Degree or title) M.D.
23b. ADDRESS: Boise, Ida.
23c. DATE SIGNED: 1/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 12 67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gibson Funeral Home LICENSE NO. 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 27 1967

APR 6 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 032
Local Reg. No. 13
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): years 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2003 N. 29th St. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2003 N. 29th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Vivian
b. (Middle): Juanita
c. (Last): Lamb

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 9, 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Seward, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: D. B. Riegel — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Bess Ward — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 509-22-1216
17. INFORMANT'S OWN SIGNATURE: X Herbert F. Lamb — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 345 X nerus pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) multiple sclerosis

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954, *to* Jan., 1967, *that I last saw the deceased alive on* Jan. 10, 1967, *and that death occurred at* 1:50 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Cudmore D.O. 673 2
23b. ADDRESS: 1423 - Franklin St.
23c. DATE SIGNED: 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1-12-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 1-13-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters — LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 933
Local Reg. No. 3
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho.
c. LENGTH OF STAY (in this place) 51 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. 130 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montour.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	E	VAHLBERG.	1	10	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	5-25-16	50	7	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S.Forest Service.	Same	Star, Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles A Vahlberg	Idaho	Irene Kirkpatrick	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519 10 6163.	John E Beatty	VA Hospital Records, Boise, Idaho.

1637

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of left lung with generalized metastases.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 9 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from 11-21, 19 66, to 1-10, 19 67, and that death occurred at 1:30AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWENDEL, M.D.	VA Center, Boise, Idaho.	1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 13, 1967	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-18-67	Myrtle Palmer	Glenn W Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JAN 25 1967

Certificate of Death

STATE OF IDAHO

State File No. 034
Local Reg. No. 37
Reg. Dist. No. 37

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 01 Ada — Bureau of V 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3110 Jordon Street

3. NAME OF DECEASED (Type or Print) a. (First) Vada b. (Middle) Mary 292 c. (Last) Rogers

4. DATE OF DEATH (Month) (Day) (Year) Jan 12, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 3

8. DATE OF BIRTH Jan. 31, 1885

9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Chanute Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Wesley Smith — BIRTHPLACE "No Record"

14. MOTHER'S MAIDEN NAME Nancy Mary — BIRTHPLACE "Non Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Malden C. Rogers — ADDRESS Mtn. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 yrs
DUE TO (c) Arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis — 15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 1/10, 1967, to 1/12, 1967, that I last saw the deceased alive on 1/10, 1967, and that death occurred at 5 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 306 Roy Relyea MD

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 1/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 1-13-67

24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery

24d. LOCATION (City, town, or county) (State) Bonner's Ferry, Idaho

DATE REC'D BY LOCAL REG. 1-25-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Ernest Relyea

LICENSE NO. E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 035
Local Reg. No. 41
Reg. Dist. No. 370

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 01 Ada 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2305 South Pacific Street

3. NAME OF DECEASED (Type or Print): a. (First) BELLE b. (Middle) HILL 300 c. (Last) ECKROAT

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 10, 1880

9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Henrietta, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Hill BIRTHPLACE: Nashville, Tenn.

14. MOTHER'S MAIDEN NAME: Lucricia Secoy BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-09-4191

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: 2305 S. Pacific Herman Eckroat Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive heart failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1967, *to* 1/13, 1967, *that I last saw the deceased alive on* 1/13/67 19___, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C.S. Dry Jr. (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-16-67

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Dale McMurtrey LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 036
Local Reg. No. 27
Reg. Dist. No. 370

RECEIVED JAN 23 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 10 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1810 Ridenbaugh Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1810 Ridenbaugh Street

3. NAME OF DECEASED (Type or Print): a. (First) LUCILE b. (Middle) L. c. (Last) WILKIE

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 13, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 18, 1909

9. AGE (In years last birthday): 57
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Saleswoman 24

10b. KIND OF BUSINESS OR INDUSTRY: Real estate

11. BIRTHPLACE (State or foreign country): Canon City, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Likins
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Beaulah Webb
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lucile L. Wilkie
ADDRESS: 1810 Ridenbaugh

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: No Surg -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 13 67 6 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-6, 1966, *to* 6-13, 1967, *that I last saw the deceased alive on* 1-6, 1966, *and that death occurred at* 6 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. V. Carlson M.D.
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Brad E. Wilkie
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 037
Local Reg. No. 32
Reg. Dist. No. 370

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 JAN 25 1967 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. # 3 Boise
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	Walter	Thompson	Jan.	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	July 2, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Trucker 27	Trucking	Rockland, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Augustus Walter Thompson	Weston, Idaho	Emily Maria Allen,	Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-30-9084	Velda Mae Williams	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1953, *to* Jan 13, 1967, *that I last saw the deceased alive on* Jan 13, 1967, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max L. Bell, M.D. 039	Boise Idaho	1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 17, 1967	Rockland Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-25-67	Myrtle Palmer		E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 038
Local Reg. No. 26
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 1-36
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 36 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 412 O'Farrell Street

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): LOYD
c. (Last): MORAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: March 27, 1901
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Eagle, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Moran — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ida Beasley — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-10-3430
17. INFORMANT'S OWN SIGNATURE: 1808 N. 14th — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mucinous Adenocarcinoma J Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 December, 1966, *to* 13 Jan, 1967, *that I last saw the deceased alive on* 13 Jan, 1967, *and that death occurred at* 7:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter A. Stair (Degree or title) 654 MD.
23b. ADDRESS: 425 W Bannock, Boise
23c. DATE SIGNED: 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-16-67
24c. NAME OF CEMETERY OR CREMATORY: Joplin Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ch Dale McMurtrey — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 23 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 039
Local Reg. No. 13
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JAN 16 1967 Bureau of Vital Statistics

1-09

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 526 Bacon Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ettie	B.	Alvord	Jan. 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Dec. 12, 1870	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Kenosha, Wisconsin	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred S. Bonner	Montpelier, Vt.	Salina DeEtt	Montpelier, Vt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	524-03-9803	Frund L Alvord	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4288

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary Tract infection —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 2, 1967, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mark L. Bell, MD	Boise, Idaho	1/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Jan. 15, 1967		Denver, Colo.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-16-67	Myrtle Palmer	John F Wilkinson	E436

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 040
Local Reg. No. 29
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JAN 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 336 E. Pine 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 336 E. Pine

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) E. c. (Last) Murray

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 14, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Nov. 10, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter T. Evans — BIRTHPLACE: Mo.
14. MOTHER'S MAIDEN NAME: Sarah Lyda — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bertha E. Murray — ADDRESS: Meridian

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease 4168 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 1963, to 1/14, 1967, *that I last saw the deceased alive on* 1/10, 1967, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy Berry 054 (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-18-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 1-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leo Gillead
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 18 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

1 Carbon copy

Certificate of Death

STATE OF IDAHO

State File No. 041
Local Reg. No. 45
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
FEB 8 1967 2.03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2½ Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2620 Pleasanton

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maria	Augustina	Azcuenaga	Jan. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 27, 1874	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Leguetio Viscaya, Spain	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Urguiza	Spain	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Alice G. Azcuenaga	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 m.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic cardiovascular disease with cardiac decompensation — mos.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility; inanition.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1.7, 1967, *to* 1.15, 1967, *that I last saw the deceased alive on* 1.15, 1967, *and that death occurred at* 6.00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. C. Erickson MD	Boise, Idaho	1.26.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	1-19-1967	Jordan Valley Cem.	Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-27-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

2 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 4 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Pt. was under care of Dr. W. D. Springer for many years. Seen by undersigned only in Dr. Springer's absence. F. L. Newcombe M.D.

State File No. 042
Local Reg. No. 28
Reg. Dist. No. 370

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 JAN 24 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Stat.
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1515 Franklin St.

3. NAME OF DECEASED (Type or Print): a. (First) Louis b. (Middle) Paul c. (Last) Bollar

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov. 13, 1927
9. AGE (In years last birthday): 39 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tax Examiner 08
10b. KIND OF BUSINESS OR INDUSTRY: Internal Revenue
11. BIRTHPLACE (State or foreign country): Gooding, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jasiento Bollar — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Casilda Vidaquren — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W II 4 4200
16. SOCIAL SECURITY NO.: 519-36-3590
17. INFORMANT'S OWN SIGNATURE: x Mrs Henry E Cochran — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Dis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Renal Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 11, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker 019 (Degree or title), MD
23b. ADDRESS: 121 E. Idaho
23c. DATE SIGNED: 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 23 1967

APR 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 043
Local Reg. No.
Reg. Dist. No. 370

RECEIVED JAN 25 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 725 Day Dr. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 725 Day Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edward	A.	Peterson	Jan. 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 15, 1891	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Worker 17	Lumber	Stockholm Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
" No Record "		" No Record "	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-07-3229	Roland E. Peterson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

350X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Parkinson's Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/21, 1966, *to* 1/11, 1967, *that I last saw the deceased alive on* 1/11, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O R Clabaugh, M.D.	Boise, Idaho	1/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1967	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-25-67	Myrtle Palmer	Frank Kelyea	E-460

FIRM NAME: KELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 25 1967

FEB 16 1967

DEC 16 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 044
Local Reg. No. 40
Reg. Dist. No. 370

RECEIVED JAN 3 01967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 501 Rossi

3. NAME OF DECEASED (Type or Print) a. (First) Randall b. (Middle) Jay c. (Last) Morrison

4. DATE OF DEATH (Month) Jan. (Day) 16 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Dec. 8, 1959

9. AGE (In years last birthday) 7 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked 03

10b. KIND OF BUSINESS OR INDUSTRY Student

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gerald Morrison BIRTHPLACE Portland, Oregon

14. MOTHER'S MAIDEN NAME Elaine Bower BIRTHPLACE Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Gerald M. Morrison ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental gun shot thru body.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) This boy and 8 Yr old Bro; playing with a rifle. when it went off, while Randall was stnding in front of the barrel

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) Mins;
(c) Mins;

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did No., See, Alive, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 510 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Drive, Boise.
23c. DATE SIGNED I-25-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 1-25-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER
LICENSE NO. E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 045
Local Reg. No. 74
Reg. Dist. No. 370

BIRTH NO. RECEIVED FEB 10 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 1 Boise, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Nikola b. (Middle) ------6-- c. (Last) Ivankovich

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 17, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 28, 1894

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber 17

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Tolie, Lika Yugoslavia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-38-4964

17. INFORMANT'S OWN SIGNATURE + [illegible]
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aneurism Thoracic Aorta — INTERVAL BETWEEN ONSET AND DEATH: Stat

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1957, *to* Jan, 1967, *that I last saw the deceased alive on* 1-17, 1967 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker 09 (Degree or title) MD

23b. ADDRESS: 121 E. Idaho Boise

23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-21-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 046
Local Reg. No. 4
Reg. Dist. No. 371

RECEIVED FEB 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 112 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. 381
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette, Idaho
d. STREET ADDRESS (If rural, give location): 1610 Nth 6th Street.

3. NAME OF DECEASED (Type or Print)
a. (First): Walter
b. (Middle): R
c. (Last): GINTHER

4. DATE OF DEATH (Month) 1 (Day) 17 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10-24-95
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Ernest J Ginther. BIRTHPLACE: Germany.
14. MOTHER'S MAIDEN NAME: Agnes M Anderson BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 521 14 32 74
17. INFORMANT'S OWN SIGNATURE: John D Stark ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cachexia — 6 mo.
DUE TO (c) Squamous cell carcinoma of left ureter with wide spread metastases — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 7-7-66; 1-6-67
19b. MAJOR FINDINGS OF OPERATION: (1) Carcinoma Left ureter and rupture of kidney (2) Bowel obstruction due to metastases
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 9-27, 1966, to 1-17, 1967, ~~[illegible]~~ and that death occurred at 11:35 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): J. K. HELFERTY, M.D. 597 MD
23b. ADDRESS: VA CENTER, Boise, Idaho.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-17-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 1-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMurphy LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 047
Local Reg. No. 42
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor- Boise, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 206 West Park Street

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Bailey 292
c. (Last): Coates

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: April 18, 1888

9. AGE (In years last birthday): 78 yrs
IF UNDER 1 YEAR: Months - - Days - -
IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Washoe, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel B. Coates
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Sarah Adeline Windle
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519-03-3778

17. INFORMANT'S OWN SIGNATURE: Mrs. Maude E. Coates
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary — INTERVAL BETWEEN ONSET AND DEATH: Short

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Parkinson Disease Propensi

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: 401 100 orchard Boise, Idaho 83704

23c. DATE SIGNED: 1-17-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 1-17-1967

24c. NAME OF CEMETERY OR CREMATORY: Rosedale Mem. Park

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 1-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Gifford L. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 048
Local Reg. No. 63
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Boise
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1009 N. 27th St.

3. NAME OF DECEASED (Type or Print) a. (First) Raymond b. (Middle) L. c. (Last) Newcomb

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 29, 1889
9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Fulton County, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Emery Newcomb
BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Ada K. Smith
BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-20-6306
17. INFORMANT'S OWN SIGNATURE Robert R. Newcomb
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease.
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Newell Merrill (Degree or title) 357
23b. ADDRESS Boise Ida
23c. DATE SIGNED 1/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/20/1967
24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens Cem.
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 2-2-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John J. Wilkerson
LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 4 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 049
Local Reg. No. 68
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 901 North 29th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charlotte	L.	Perkins	Jan. 18 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 2, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Same	Modale, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar David Wilson	"No Record"	Jennie Barber	"No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-10-3069	Mrs. Florence E Brown	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-13, 1967, *to* 1-18, 1967, *that I last saw the deceased alive on* 1-18, 1967, *and that death occurred at* 10:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 073 M.D.	209 Main St., Boise, Idaho 83702	2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 23, 1967	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 050
Local Reg. No. 62
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
FEB 7 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 20
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 810 N. 9th E.

3. NAME OF DECEASED (Type or Print): a. (First) TINA b. (Middle) EUGENE c. (Last) BECK

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1967

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Dec. 15, 1920

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self employed 22

10b. KIND OF BUSINESS OR INDUSTRY: Business man

11. BIRTHPLACE (State or foreign country): Vale, Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Tina William Beck
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Helen McKee
BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes /
(If yes, give war or dates of service): 1942 - 1945 3

16. SOCIAL SECURITY NO.: 519-18-1025

17. INFORMANT'S OWN SIGNATURE: Helen A Wilkins
ADDRESS: Mtn. Home, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head Trauma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fractured Cervical Spine
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06

21c. (CITY, TOWN, OR TOWNSHIP) 203 **(COUNTY) (STATE)**: Rural - Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 18, 1967 1:00 AM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Victim thrown from auto in one car roll-over.

22. *I hereby certify that I attended the deceased from* 1-16, 1967, *to* 1-18, 1967, *that I last saw the deceased alive on* 1-16, 1967, *and that death occurred at* 8:32 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W H Kryzdale MD 704

23b. ADDRESS:

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 2-2-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [illegible]

LICENSE NO.: E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 13 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 23 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 051
Local Reg. No. 43
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 30 1967 (Vital Statistics)

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1401 South Gourley

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Margaret	Shirley	Perry	Jan. 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 16, 1815	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	House	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Mack	Idaho	Leam Arnold	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-8171		Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5810

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BLEEDING ESOPHAGEAL VARIX — INTERVAL BETWEEN ONSET AND DEATH: 1 MONTH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CIRRHOSIS OF LIVER — 2 YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-23-66, 19___, *to* 1-18-67, 19___, *that I last saw the deceased alive on* 1-17-67, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rudolph MD	848 La Cassia Boise, Idaho	1/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	1-20-67	Mountainview Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-26-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized APR 25 1968 the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. AUG 10 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

N # 8

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 052
Local Reg. No. 34
Reg. Dist. No. 370

RECEIVED
JAN 25 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3022 Grover St.

3. NAME OF DECEASED (Type or Print)
a. (First): Elva
b. (Middle): Corson
c. (Last): Quinn

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 19, 1914
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 08
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Goverment
11. BIRTHPLACE (State or foreign country): Staten Island New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert Corson — BIRTHPLACE: Staten Island, N.Y.
14. MOTHER'S MAIDEN NAME: Annie Neal — BIRTHPLACE: Connecticut

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x William H. Quinn — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Staphlycoccal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thoracic Surgery

19a. DATE OF OPERATION: 1-10-67
19b. MAJOR FINDINGS OF OPERATION: Bronchogenic cyst - benign
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1964, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 17, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: 019 George R Baker, MD (Degree or title)
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 053
Local Reg. No. 35
Reg. Dist. No. 370

BIRTH NO.

JAN 25 1967

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 15 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 3222 Camrose Lane

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3222 Camrose Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): C.
c. (Last): Biegert

4. DATE OF DEATH: (Month) Jan. (Day) 19, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 17, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Agricultural Representative

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Montevideo Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herman L. Biegert
BIRTHPLACE: Montevideo Minn.

14. MOTHER'S MAIDEN NAME: Johanna Marie Cooley
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 4201

17. INFORMANT'S OWN SIGNATURE: Russell C. Relyea
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Moments ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 4, 1957, *to* 8-31, 1966, *that I last saw the deceased alive on* 8-31, 1966, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. R. Jones (Degree or title): M.D.
23b. ADDRESS: 303 No 5th Boise
23c. DATE SIGNED: 1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Frank Yeas
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 054
Local Reg. No. 30
Reg. Dist. No. 370

RECEIVED JAN 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 603

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1120 Marshall St.

3. NAME OF DECEASED (Type or Print): a. (First) Alma b. (Middle) Mary c. (Last) Lydston

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 20, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 25, 1902

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 67

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Scott City, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Steelsmith
BIRTHPLACE: Indiana

14. MOTHER'S MAIDEN NAME: Sutmiller
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Tim Lydston
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis
DUE TO (c) mural thrombus - Left ventricle

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid arthritis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Oct 15, 1948, *to* Jan 20, 1967, *that I last saw the deceased alive on* Jan 19, 1967, *and that death occurred at* 735 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): John E. Caywood M.D. 294

23b. ADDRESS: 311 W. Idaho St.

23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 1-24-67

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematorium

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-24-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters G W Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 055
Local Reg. No. 5
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
LENGTH OF STAY (in this place): 169 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. 240
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Box # 23

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Glenn	L	JENKINS	1	21	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	6-30-90	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber. 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Iowa.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Ira Jenkins — BIRTHPLACE: Iowa.
14. MOTHER'S MAIDEN NAME: Libby Niesel — BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518 14 7234
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary infarctions — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — 6 months +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of prostate with bone metastases. Chronic pyelonephritis. Duodenal ulcer, chronic.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I ~~hereby certify that~~ attended the deceased from 8-5, 19 66, to 1-21, 19 67, ~~that I last saw the deceased on~~, and that death occurred at 9:PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis ROBERT C. LEWIS, M.D. 597	VA CENTER, BOISE, IDAHO.	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Removal	1-23-67	Wendell, Cemetery	Wendell	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-30-67	Myrtle Palmer	[signature]	E*460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 056
Local Reg. No. 32
Reg. Dist. No. 270

BIRTH NO.

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3-07 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4509 Chinden Boulevard

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): 003 ESTELLA
c. (Last): BASSETT

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 2, 1881

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Operator 26

10b. KIND OF BUSINESS OR INDUSTRY: motel

11. BIRTHPLACE (State or foreign country): Gower, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William A. Gibson
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Laura D. Jackson
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-38-5128

17. INFORMANT'S OWN SIGNATURE: Ella Montgomery
ADDRESS: 801 N. 18th Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Left Ventricular Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bronchial Asthma

42 00

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1965, *to* Jan 22, 1967, *that I last saw the deceased alive on* Jan 22, 1967, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 333 (Degree or title)

23b. ADDRESS: 340 Vista Ave Boise Idaho

23c. DATE SIGNED: 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-24-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Dale McMurtrey
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 14 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 057
Local Reg. No. 6
Reg. Dist. No. 371

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

FEB 1 1967 2-03

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Ada. 011	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho. 011 b. COUNTY:
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho	c. LENGTH OF STAY (If outside place): 94 Days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004	d. STREET ADDRESS (If rural, give location): 128 East 39th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Frank	L	HALE.	1	22	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	11-06-79	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Barber. 21	Same	Mo.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H Hale	Unknown.	Minerva W Oliver	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes 1	WW 1 3	518 18 3763	[signature]	VA Hospital Records, Boise, Idaho.

2920

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Staphylococcal pneumonia	2 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hemolytic anemia	14 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Bronchogenic carcinoma	14 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. ~~I hereby certify that I attended~~ *the deceased from* 10-20, 19 66, *to* 1-22, 1967, ~~that I last saw the deceased alive on~~ *and that death occurred at* 3:25AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] GLENN Q VOYLES, M.D. 597	VA CENTER, BOISE, IDAHO	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 1	1-24-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-30-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 29 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 058
Local Reg. No. 53
Reg. Dist. No. 370

Certificate of Death

RECEIVED
FEB 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place) 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3721 Kootenai Street

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle) ISABEL
c. (Last) McCONNEL

4. DATE OF DEATH (Month) (Day) (Year) Jan. 22, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-married
8. DATE OF BIRTH March 21, 1885
9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Saleslady 25
10b. KIND OF BUSINESS OR INDUSTRY department stores
11. BIRTHPLACE (State or foreign country) Parma, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME David K. McConnel
BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Mary Rogers
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 519-24-4614
17. INFORMANT'S OWN SIGNATURE 2313 Federal Way
ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured cerebral vessel
DUE TO (c) Hypertensive cardiovascular disease.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 6, 1967, *to* January 22, 1967, *that I last saw the deceased alive on* January 22, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C C Johnson 261 MD (Degree or title)
23b. ADDRESS 425 West Bannock, Boise, Idaho 83702
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-25-67
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1-31-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER A. Dale McMurphy
LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 059
Local Reg. No. 49
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 1 1967 Bureau of Vital Statistics

1-04

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31/2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3115 Sycamore Drive

3. NAME OF DECEASED (Type or Print): a. (First) Matilda b. (Middle) ----- c. (Last) Drake

4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown 0

8. DATE OF BIRTH: 12-31-1967

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Clerk Ada Gen Hosp. Records Dept
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Pyelonephritis — 1 year
DUE TO (c) Hemoptysis — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1963, *to* Jan 23, 1967, *that I last saw the deceased alive on* Jan 20, 1967, *and that death occurred at* 2:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Forrest C. Ward 550 MD (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-26-1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-27-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson

LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 060
Local Reg. No. 50
Reg. Dist. No. 370

Certificate of Death

RECEIVED FEB 1 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2507 State St.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Emmeline 235
c. (Last): Norris

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 27, 1873
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Samsville, Edward Co., Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick W. Crawford — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mellisa Whittaker — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-6876
17. INFORMANT'S OWN SIGNATURE: Ims Donna G. Hill — ADDRESS:

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Carcinoma Left Breast with metastases

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/11, 1950, *to* 1/23, 1967, *that I last saw the deceased alive on* 8/10, 1966, *and that death occurred at* 11:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. B. Camden, M.D. 421
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/24/1967
24c. NAME OF CEMETERY OR CREMATORY: Jireh Cemetery
24d. LOCATION (City, town, or county) (State): Nibrara Co., Wyoming

DATE REC'D BY LOCAL REG.: 1-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 9 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 061
Local Reg. No. 47
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JAN 31 1967 4-01
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 517 Haines Street

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): ROBERT
c. (Last): TOWELL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 16, 1945
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): San Francisco, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank C. Towell — BIRTHPLACE: Iola, Kansas
14. MOTHER'S MAIDEN NAME: Virgie Jordan — BIRTHPLACE: Fairview, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Yes-Vietnam conflict 8164
16. SOCIAL SECURITY NO.: 519-52-5561
17. INFORMANT'S OWN SIGNATURE: Bonita Mae Towell — ADDRESS: 517 Haines St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cranio-cerebral injury, severe, with multiple fine fractures, basal, of skull and pontine hemorrhage.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Due to auto accident
Facial lacerations

INTERVAL BETWEEN ONSET AND DEATH: 2 HR 10 MIN

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 Pierce & 8th - Boise
21c. (CITY, TOWN, OR TOWNSHIP) 011 (COUNTY) (STATE): Boise ADA IDA.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/23/67 1 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: 2 car accidents

22. *I hereby certify that I attended the deceased from* 1/23, 1967, *to* 1/23, 1967, *that I last saw the deceased alive on* 1/23, 1967, *and that death occurred at* 2:10 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard O. Gertas MD 548
23b. ADDRESS: 201 E. Bannock, Boise
23c. DATE SIGNED: 1/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ah Dale McMurphey — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 062
Local Reg. No. 89
Reg. Dist. No. 270

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1922 Bedford Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Gaylord b. (Middle): Wayne 003 c. (Last): Hall

4. DATE OF DEATH: (Month) Jan. (Day) 23, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 19, 1905

9. AGE (In years last birthday): 61 IF UNDER 1 YEAR Months: 2 Days: 4 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 21

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Jasper, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME — BIRTHPLACE: Henry Clay Hall, Kincaid, Kansas

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Charlotte Stratton, Wenona, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 521-60-2420

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Delsie Hall 16 or 4012 Lucile Ida 83705

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic Carcinoma of Lung 1637 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/15, 1966, *to* 1/23, 1967, *that I last saw the deceased alive on* 1/23, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. 045

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jan. 25, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Lowell Summers

LICENSE NO.: E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 16 1967
FEB 17 1967
MAR 21 1967
OCT 14 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 063
Local Reg. No. 52
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA 011 FEB 1 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KUNA
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) GOLDIE b. (Middle) MARIE c. (Last) BERNETHY

4. DATE OF DEATH (Month) (Day) (Year) January 23, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Feb. 14, 1913

9. AGE (In years last birthday) 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) American Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Walter A. Waltman BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Judy L. Griffard BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 28 0703

17. INFORMANT'S OWN SIGNATURE Myrtle M. Palmer ADDRESS Nampa Kuna, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Reticulum Cell Sarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Reticulum Cell Sarcoma of Chest Wall — 4 Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/4/66

19b. MAJOR FINDINGS OF OPERATION Biopsy of Chest Wall Tumor- Reticulum Cell Sarcoma

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1966, *to* Jan 23, 1967, *that I last saw the deceased alive on* January 23, 1967, *and that death occurred at* 5:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Quentin L. Tuckett, M.D. (Degree or title)

23b. ADDRESS 6613 Ustick Rd, Boise, Idaho

23c. DATE SIGNED 1/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 26, 1967

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. 1-30-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER E-A-76

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 0 1 2008

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 26 2014 XZ

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 064
Local Reg. No. 64
Reg. Dist. No. 370

RECEIVED FEB 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restful Manor Nursing Home 193

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 3030 Clark Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WINIFRED	LaTOURETTE	MITCHELL	January 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Sept. 21, 1886	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher (Retired) 3712	Same	Fenton, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard Booth LaTourette	Michigan	Ella Sheldon	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-24-3737	Lenora E. Mitchell	3030 Clark Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 15, 1965 *to* Jan 24, 1967, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* 10:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 333		1320 Vista Ave Boise	Jan 27 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	1-25-67	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-2-67	Myrtle Palmer	[signature]	E410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 065
Local Reg. No. 46
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 620 So. 14th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lucinda
b. (Middle): E.
c. (Last): Renfro

4. DATE OF DEATH (Month) (Day) (Year): January 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 13, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Paris, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Lloyd Renfro — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — Progressive

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): & Coronary Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: Complicated

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7, 1966, *to* 1-24, 1967, *that I last saw the deceased alive on* 1-24, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 319 (Degree or title): MD
23b. ADDRESS: 401 DO Orchard Boise
23c. DATE SIGNED: 1/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-30-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 066
Local Reg. No. 70
Reg. Dist. No. 370

RECEIVED FEB 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-38
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 523 Hays Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): C.
c. (Last): ROBBINS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 12, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cork, Ireland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Downey — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Margaret Hornington — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 517-09-1917
17. INFORMANT'S OWN SIGNATURE: Louis E. Clapp — ADDRESS: Boise, Ida. 3351 N. 36th

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1960 Carcinoma of Maxillary Antrum — INTERVAL BETWEEN ONSET AND DEATH: @ 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 13, 1965, *to* Jan 25, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max F. Bell, M.D. 039
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 1/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/28/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 067
Local Reg. No. 25
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 FEB 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 924 Riviera Dr.

3. NAME OF DECEASED (Type or Print) a. (First) Rowena b. (Middle) W. c. (Last) Crabb

4. DATE OF DEATH (Month) (Day) (Year) January 25, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH August 4, 1894
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Farmington, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wilburn Rose BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Rigby BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-5068
17. INFORMANT'S OWN SIGNATURE X Robert J Hoffman ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5788X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated Sigmoid Colon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1964, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George R Baker, MD
23b. ADDRESS 121 E. Idaho Boise
23c. DATE SIGNED 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/28/67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 2-2-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F Wilkerson LICENSE NO. E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 2 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 068
Local Reg. No. 56
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2908 Woody Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	HARVEY	SHORT	Jan. 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 10, 1920	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	Automobile	Ogden, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Harvey Short	Boise, Ida.	Marian Pearl Allen	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. #2 4	518-10-5372	Barbara L Short	2908 Woody Dr. Boise, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) He Complained of severe pains in Chest, and arm. when he

DUE TO (c) suddenly collapsed, while sitting on couch. — 30 Mins;

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19, to 19, *that I last saw the deceased alive on* 19 *and that death occurred at* 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 Ed Paris	Coroner	3720 Meadow Drive, Boise.	2-1-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-28-67	Pioneer Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-2-67	Myrtle Palmer	Ed C. Summers	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 7 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Amended March 31, 1967

Certificate of Death

STATE OF IDAHO

State File No. 069
Local Reg. No. 55
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days 3-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 210 Myrtle Street

3. NAME OF DECEASED (Type or Print): a. (First) Ruby; b. (Middle) Elizabeth; c. (Last) Speirs

4. DATE OF DEATH: (Month) January (Day) 25 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 16, 1892

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Martin Perkins
BIRTHPLACE: Dawlais, Glamorganshire, Wales

14. MOTHER'S MAIDEN NAME: Elvira Elizabeth Packer
BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-05-3405

17. INFORMANT'S OWN SIGNATURE: June M. Nielson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8, 19 59, *to* 1-25, 19 67, *that I last saw the deceased alive on* 1-25-, 19 67, *and that death occurred at* 1:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner, M.D. 364
23b. ADDRESS: 105 N. 8th St., Boise, Idaho
23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-67
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Clark Sears
LICENSE NO.: E-460
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

3-7-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 30 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. 069

Date Filed .....

The undersigned does solemnly swear that certain facts on the Certificate of Death (Birth or Death)
for Ruby Elizabeth Spiers (Name on Original Certificate) who died (Was Born or Died) on Jan 25 1967 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 13 Father's name	Thomas Perkins	Thomas Martin Perkins
Item 13 Birthplace	Smithfield, Utah	Dawlais Glamorganshire, Wales
Item 14 mother's name	Elizabeth Packer	Elvira Elizabeth Packer

Subscribed and sworn to before me this 27th day of March, 1967.
Nelle Christiansen
Notary Public, residing at Ontario Oregon
My commission expires Sept 9 67
(Seal)

Signed Irene M. Nielson
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
311 N 23rd Boise Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Oregon } ss.
County of Malheur }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 27th day of March, 1967.
Nelle Christiansen
Notary Public, residing at Ontario Oregon
My commission expires September 9, 1967
(Seal)

Signed Larry Nielson
(Signature of Any Credible Person)
Rt 1 Box 309 Ontario, Oregon
(Street Address, City, State)

FORM DH 60-155

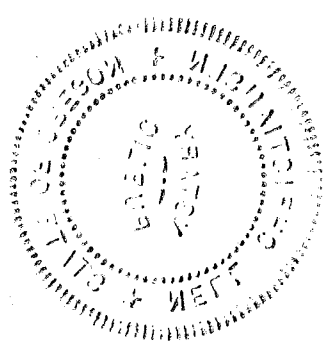

State File No. 069
Local Reg. No. 55
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 31 1967

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau
c. LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 210 Myrtle Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ruby
b. (Middle): Elizabeth
c. (Last): Speirs

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 16, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Franklin Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas Perkins — BIRTHPLACE: Smithfield Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Packer — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-05-3405
17. INFORMANT'S OWN SIGNATURE: + June M Nielson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8, 1959, *to* 1-25, 1967, *that I last saw the deceased alive on* 1-25, 1967, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner MD
23b. ADDRESS: 105 N. 8th St Boise Idaho
23c. DATE SIGNED: 1/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-67
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

FIRM NAME: RELYEA MORUTARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 22 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 26 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 070
Local Reg. No. 48
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JAN 3 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF (If outside place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1004 North 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): STANLEY
c. (Last): SKILES

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 7, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lawyer 11
10b. KIND OF BUSINESS OR INDUSTRY: Law firm
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME — BIRTHPLACE: Charles S. Skiles, Abilene, Kan.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Amy Anderson, Grantsville, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2 4
16. SOCIAL SECURITY NO.: 518-44-5163
17. INFORMANT'S OWN SIGNATURE: Ruth Skiles — ADDRESS: 1004 N. 18th St. Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c) (1) Cirrhosis liver — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
(2) Chronic pancreatitis — 16 yr
(3) Diabetes Mellitus — 14 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY: YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* Jan 25, 1967, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* 1:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE: N. M. Chalouplea 088 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 1/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: C. Dale McMurray — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 3 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 2 0 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

315 East Jo

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 071
Local Reg. No. 44
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1015 Hays

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Daisy	O.	Daly	Jan. 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 5, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Mt. Vernon, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Robertsen	Scotland	Drusilla McAtte	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-44-3560	[signature]	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/5, 1966, *to* 1/25, 1967, *that I last saw the deceased alive on* 1/25, 1967, *and that death occurred at* 7:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max L. Bell, M.D.	Boise, Idaho	1/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-28-1967	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-26-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 072
Local Reg. No. 54
Reg. Dist. No. 370

RECEIVED
Bureau of Vital Statistics
FEB 1 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 15 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1310 Franklin Street

3. NAME OF DECEASED (Type or Print) a. (First) JANET b. (Middle) 292 c. (Last) AINSLIE KETCHEN

4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never-married

8. DATE OF BIRTH Dec. 22, 1869

9. AGE (In years last birthday) 97
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Treasurer 08

10b. KIND OF BUSINESS OR INDUSTRY Ada County

11. BIRTHPLACE (State or foreign country) Loanhead, Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Ketchen BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Marian Watson BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 518-54-2040

17. INFORMANT'S OWN SIGNATURE Marion Ketchen ADDRESS 500 Franklin Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Nov, 1965, to 25 Jan, 1967, that I last saw the deceased alive on 23 Jan, 1967 and that death occurred at 1:00 AM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 654 M.D.
23b. ADDRESS 1504 Bannock
23c. DATE SIGNED 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-27-67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-31-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER
LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 013
Local Reg. No. 51
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 FEB 1 1967 020
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital 007

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 425 W. Jefferson

3. NAME OF DECEASED (Type or Print) a. (First) Also known as Roy b. (Middle) Ray c. (Last) Allen Harris

4. DATE OF DEATH (Month) (Day) (Year) January 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	July 7, 1940	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Frankfort, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James A. Harris BIRTHPLACE Ill.
14. MOTHER'S MAIDEN NAME Martha Orietta Melvin BIRTHPLACE Franklin Co., Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 518-44-8004
17. INFORMANT'S OWN SIGNATURE James A. Harris ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes Neuropathy — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — 16 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1966, *to* 1-25, 1967, *that I last saw the deceased alive on* 1-24, 1967, *and that death occurred at* 2:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE D. B. Gattrell MD (Degree or title)
23b. ADDRESS 1203 Broadway Boise Idaho
23c. DATE SIGNED 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/27/67
24c. NAME OF CEMETERY OR CREMATORY Joplin Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 1-27-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John T. Wilkerson
LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 074
Local Reg. No. 75
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 220 North 6th.

3. NAME OF DECEASED (Type or Print): a. (First) Felipa b. (Middle) ------ c. (Last) Uberuaga

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 1, 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Durango, Spain

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: UNknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Mrs E. F. Cranston
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Brain Syndrome — 2-3 yrs.

DUE TO (c) Metastatic Carcinoma of Breast — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease

19a. DATE OF OPERATION: October, 1960

19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of Breast

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* June, 19 66, *to* January, 19 67, *that I last saw the deceased alive on* 24 January, 19 67, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Earl Manley Bryp 668 (Degree or title)

23b. ADDRESS: 2121 College Blvd.

23c. DATE SIGNED: 4 Feb. '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 31, 1967

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson — Eldon T. Pearson

LICENSE NO.: E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 23 1968

MAR 27 1968

NOV 30 1994

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 075
Local Reg. No. 84
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 01
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada County Nursing Home 302

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 01
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 5709 Fairview

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edmonia	B.	Martin	Jan. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 18, 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At home 01		Marshall, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Crampton	Virginia	Helen May Fernald	Wichita, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	519-03-7242	Milam E Cooley	4109 Greenbrier Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2247

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
054			

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-30-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-7-67	Myrtle Palmer	Orrell W. Summers	E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 076
Local Reg. No. 66
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At his home 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 3927½ West State Street

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) A. c. (Last) BREEDING

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Aug. 3, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 01

10b. KIND OF BUSINESS/INDUSTRY

11. BIRTHPLACE (State or foreign country): Swan Valley, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas C. Breeding BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Virnda Corbit BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. #2 4

16. SOCIAL SECURITY NO. 519-09-1742

17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS 2262 Lambourne Salt Lak City, Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Arteriosclerosis, & subsequent heart failure.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Bleeding Ulcer.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Mins; / Months

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* 19__, *that I last saw the deceased alive on* __, 19__ *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner

23b. ADDRESS 3720 Meadow Drive, Boise.

23c. DATE SIGNED 2-1-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE 1/31/67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 2-2-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature]

LICENSE NO. E-509

FIRM NAME: Summers Funeral Home, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 7 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 077
Local Reg. No. 13
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
FEB 14 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Kuna rural
c. LENGTH OF DAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna Rural
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) H. c. (Last) Sloneker

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 7, 1884
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Haysville, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Sloneker BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Nellie Calloway BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-40-1015
17. INFORMANT'S OWN SIGNATURE Santa Cruz ADDRESS Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) He had been in Hospital at Nampa, Nov; 27th, 66, for Coronary treatment.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 [signature] Paris (Degree or title) Coroner 4
23b. ADDRESS 3720 Meadow Drive, Boise,
23c. DATE SIGNED 2-2-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-31-67
24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery
24d. LOCATION (City, town, or county) (State) Kuna, Idaho

DATE REC'D BY LOCAL REG. 2-9-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 078
Local Reg. No. 78
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 7 1967 2-02 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2002 North 21st Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) N. c. (Last) MATTISON

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 14, 1888

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Treasurer 19

10b. KIND OF BUSINESS OR INDUSTRY: Westcott Oil Co

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sandy Mattison — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Jennie — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-67-7745

17. INFORMANT'S OWN SIGNATURE: Jack D. Mattison — ADDRESS: 782 Northview Dr. Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ca of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 1 3/4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary emphysema — 10 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-5, 1961, *to* 1-27, 1967, *that I last saw the deceased alive on* 1-27, 1967, *and that death occurred at* 5:45 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Minert M.D. (Degree or title)

23b. ADDRESS: 105 N. 8th St Boise, Idaho 83702

23c. DATE SIGNED: 2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-30-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Dale McMullen — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 079
Local Reg. No. 8
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1315 Cedar Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	E	TUTTLE	1	27	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	7-12-91	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Charles W Tuttle. BIRTHPLACE: Novia Scotia.
14. MOTHER'S MAIDEN NAME: Harriett Harris BIRTHPLACE: Nova Scotia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 519 03 8112
17. INFORMANT'S OWN SIGNATURE: John D Stark ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-10, 19 67, to 1-27-, 19 67, that I last saw the deceased alive on [illegible], and that death occurred at 3:20PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O F. SWINDELL, M.D.	VA Center, Boise, Idaho	1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal/Burial	1-31-67	Lewis-Clark Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-2-67	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 11 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 080
Local Reg. No. 57
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 2 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).

a. STATE: Idaho 011

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 2108 Jefferson St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Carl	Knoepfle	Jan. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married 3	April 10, 1900	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner 22	Monument Company	Brookings, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Knoepfle	Bern, Switzerland	Minnie Vollendenveider	Bern, Switz.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	518-07-8149 A	R W Stiles	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 Mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 8, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 27, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
019 George R Baker	121 E. Idaho Boise	2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/30/1967	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-2-67	Myrtle Palmer	Earl Waggoner	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 2 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 081
Local Reg. No. 71
Reg. Dist. No. 370

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2-01 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 506 North 27th.

3. NAME OF DECEASED (Type or Print)
a. (First): Elmer
b. (Middle): Vernon
c. (Last): Bradshaw

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 20, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Repair 21
10b. KIND OF BUSINESS OR INDUSTRY: Anderson Buick
11. BIRTHPLACE (State or foreign country): Atkinson, Neb.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ernest Bradshaw — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Janet Ballantyne — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Marie L. Bradshaw — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma - probably of lung.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm; factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/16, 1966, *to* ~~1/27~~ 1/28, 1967, *that I last saw the deceased alive on* ~~1/27~~ 1/27, 1967, *and that death occurred at* 9:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Clohey 095, M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Salinas Cemetery
24d. LOCATION (City, town, or county) (State): Salinas, California

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 - 1967
FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to furnish the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 082
Local Reg. No. 11
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 010
b. CITY OR TOWN RURAL EAGLE
LENGTH OF STAY (in this place) 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) AT HOME 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 010 b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) ROUTE 1 EAGLE
d. STREET ADDRESS (If rural, give location) ROUTE #1

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) RICHARD c. (Last) TURPEN

4. DATE OF DEATH (Month) (Day) (Year) Jan 28, 1967

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3

8. DATE OF BIRTH JAN 25, 1912

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months 0 Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DITCH RIDER 06

10b. KIND OF BUSINESS OR INDUSTRY DITCH RIDER

11. BIRTHPLACE (State or foreign country) BARTLEY, NEBR

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME ELMER TURPEN BIRTHPLACE BARTLEY, NEBR

14. MOTHER'S MAIDEN NAME CHARLOTT BURTON BIRTHPLACE ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-40-5670

17. INFORMANT'S OWN SIGNATURE Doris Turpen ADDRESS EAGLE, IDA

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Irst;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Had a Coronary attack last July. Days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None determined.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Doris Turpen (Degree or title) Coroner 4

23b. ADDRESS BOISE, IDAHO 3720 Meadow Dr.

23c. DATE SIGNED 2nd 1- 67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE JAN. 31, 1966

24c. NAME OF CEMETERY OR CREMATORY HILICREST CEMETERY

24d. LOCATION (City, town, or county) CANYON COUNTY (State) IDAHO

DATE REC'D BY LOCAL REG. 2-9-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER W. E. Shepherd LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 083
Local Reg. No. 60
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

011 FEB 6 1967 3-13

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Boise
d. STREET ADDRESS (If rural, give location): Rural Rt. # 1 Christine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Archie
b. (Middle): Delbert
c. (Last): Whitehead

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 12, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 21
10b. KIND OF BUSINESS OR INDUSTRY: Welding
11. BIRTHPLACE (State or foreign country): Lewiston Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Arthur Whitehead — BIRTHPLACE: "No Record"
14. MOTHER'S MAIDEN NAME: Maggie Margaret Killingsworth — BIRTHPLACE: "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-09-0709
17. INFORMANT'S OWN SIGNATURE: Richard L. Whitehead — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3371

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Right Heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cor pulmonale
DUE TO (c) Chronic pulmonary emphysema.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/16, 1963, *to* 1/28, 1967, *that I last saw the deceased alive on* 1/28, 1967, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 095 M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 23 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 084
Local Reg. No. 85
Reg. Dist. No. 370

RECEIVED FEB 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 209 E. Ada 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 209 E. Ada

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	J.	Harris	Jan. 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	March 2, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired 89	518-26-8726	Brownsville, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pleasant Harris	Ark.	Katherine Green	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-26-8726	Roy J. Harris	Rt. 2 Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sev. hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Paris 0583	Coroner	3720 Meadow Drive, Boise.	2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-2-67	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-9-67	Myrtle Palmer	Geo. Mead	E.-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-955

Certificate of Death

STATE OF IDAHO

State File No. 085
Local Reg. No. 86
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2212½ North 31st

3. NAME OF DECEASED (Type or Print): a. (First) Troy b. (Middle) Edward c. (Last) Pavone

4. DATE OF DEATH: (Month) Jan. (Day) 29, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 28, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Christopher Pavone — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Claudene Jackson — BIRTHPLACE: Boise

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: Ray Jackson — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5604

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diaphragmatic Hernia, congenital — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypoplastic lungs.

19a. DATE OF OPERATION: 1-29-67

19b. MAJOR FINDINGS OF OPERATION: Diaphragmatic hernia & hypoplastic lungs.

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bert T. Reed (Degree or title): MD

23b. ADDRESS: 402 Ford Street Boise

23c. DATE SIGNED: 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-1-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-10-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 086
Local Reg. No. 72
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

FEB 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1027 North 23rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): Franz
c. (Last): Horn

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 15, 1876
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinsit 21
10b. KIND OF BUSINESS OR INDUSTRY: Steel Co.
11. BIRTHPLACE (State or foreign country): Austria Billinbei Teplitz, Hungray
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Karl Horn — BIRTHPLACE: Austria-Hungary
14. MOTHER'S MAIDEN NAME: Amelia Mikuta — BIRTHPLACE: Austria-Hurgary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Anton S. Horn — ADDRESS: 1027 N 23 Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 144X [illegible]

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastasis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/10, 1955, *to* 1/29, 1967, *that I last saw the deceased alive on* 1/23/67, 19__, *and that death occurred at* 7:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard A. Forney, M.D. 121
23b. ADDRESS: 425 West Bannock Boise, Idaho
23c. DATE SIGNED: 2/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-1-1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 087
Local Reg. No. 69
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 3-14
b. CITY OR TOWN Boise
LENGTH OF STAY (in this place) 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Johnson's Nursing Home 330

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1811 Denver St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth	Powell	Amyx	Jan	29,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 12, 1917	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Auditor 68	State Insurance	Coeur d'Alene, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin T. Powell	Asotin Co. Washington	Eloy Barker	Asotin Co. Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Russell A. Relyea	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic carcinoma	3 mo
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Probably bronchogenic ca	4
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 19 59, *to* 1-28, 19 67, *that I last saw the deceased alive on* 1-25, 19 67, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm O Tormey 173	M.D.	425 Bannock St Boise	2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1967	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67	Myrtle Palmer		E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 16 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 10 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 088
Local Reg. No. 9
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA 011 FEB 7 1967 3-02
b. CITY OR TOWN BOISE (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 041 b. COUNTY CANYON
c. CITY OR TOWN CALDWELL (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 924 - 1st Ave North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LAFAYETTE	L	PENDERGRASS	JAN. 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	4-2-89	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Unknown	Clayton, Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Pendergrass	Georgia	Maggie Keener	Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE	ADDRESS
Yes	WW I	519 22 64 16	D.L. MOORE	VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bile peritonitis	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Perforation of gall bladder	2 days
DUE TO (c)	Chronic cholecystitis & cholelithiasis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease Residuals of right hemiplegia.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Jan 28, 1967, to Jan 30, 1967, and that death occurred at 12:30P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. 597 ROBERT C. LEWIS, MD	VA CENTER, BOISE, IDAHO	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2/2/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67	Myrtle Palmer	Lucy M. Flahiff	E 393

FIRM NAME Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 089
Local Reg. No. 7
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 2 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA 01 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 011
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 223 Chester Drive

3. NAME OF DECEASED (Type or Print): a. (First) HORACE; b. (Middle) S; c. (Last) NOBLE

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 30, 1967

5. SEX: M Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 8-29-18

9. AGE (In years last birthday): 48 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant 4

10b. KIND OF BUSINESS OR INDUSTRY: Tax Consultant

11. BIRTHPLACE (State or foreign country): Woods Cross, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wallace Noble — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lenora Smith — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 529 05 34 15

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: D.L. MOORE, VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 268X Diabetes Mellitus — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. ~~I hereby certify that~~ I attended the deceased from Jan 30, 1967, to Jan 30, 1967 ~~xxxx

DUTIES:

FEB 2 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 090
Local Reg. No. 76
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 1 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 207

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1217 Grant Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) E Frank c. (Last) Hubert

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 4, 1885
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Well Driller 11
10b. KIND OF BUSINESS OR INDUSTRY Drilling
11. BIRTHPLACE (State or foreign country) Vancouver, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Hubert BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mary Tysin BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-16-5165
17. INFORMANT'S OWN SIGNATURE Earl F. Hubert ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Coronary artery disease — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 29, 1967, *to* Jan 30, 1967, *that I last saw the deceased alive on* Jan 30, 1967, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Max L. Bell, M.D.
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 2-6-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER G. W. Waters
LICENSE NO. E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 091
Local Reg. No. 14
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 42 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 945 Elm St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	H.	YORK	1	30	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4-29-91	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cashier 19
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): York, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James York — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Martha Harding — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1
16. SOCIAL SECURITY NO.: 519 07 80 48
17. INFORMANT'S OWN SIGNATURE: D.L. MOORE — ADDRESS: VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma lung with bilateral adrenal and bone metastases.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19, 1966, to 1-30, 1967, that I last saw the deceased alive on [illegible], and that death occurred at 5:40 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. W. Laxson W.W. LAXSON, M.D. 597	VA CENTER, BOISE, IDAHO	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	1-30-67		Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-9-67	Myrtle Palmer	[signature]	E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 092
Local Reg. No. 73
Reg. Dist. No. 370

STATE OF IDAHO

BIRTH NO.

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3816 W. State

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Leroy c. (Last) Kennedy

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 31, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 3, 1904

9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman 68

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): New Decatur, Alabama

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry I. Kennedy — BIRTHPLACE: McComb, Miss.

14. MOTHER'S MAIDEN NAME: Mollie Huseby — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-0790

17. INFORMANT'S OWN SIGNATURE: E. Elanor Kennedy — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 X

19a. DATE OF OPERATION: 2-2-67

19b. MAJOR FINDINGS OF OPERATION: Cerebral Infarction

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-2-67, 19__, *to* 2-3, 19 67, *that I last saw the deceased alive on* 2-2- 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/3/1967

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John T. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 093
Local Reg. No. 80
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1504 Shoshone Street

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): D. 003
c. (Last): RABER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 24, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Vice-President 26
10b. KIND OF BUSINESS OR INDUSTRY: Cash Bazaar, Inc.
11. BIRTHPLACE (State or foreign country): Holden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph S. Raber — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Laura Schlaughbau — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-07-6839
17. INFORMANT'S OWN SIGNATURE: Mary Raber — ADDRESS: 1504 Shoshone Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent anemia + Thrombocytopenia — 1 year.
DUE TO (c): Myelogenous Leukemia — 5½ yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1966, *to* January, 1967 *that I last saw the deceased alive on* 31 Jan., 1967, *and that death occurred at* 9:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE: E. Manly Briggs, M.D. .668 (Degree or title)
23b. ADDRESS: 2121 College Blvd
23c. DATE SIGNED: 7 Feb. '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker — LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1967

MAR 10 1967

OCT 13 1967

JUN 12 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 094
Local Reg. No. 16
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JAN 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3332 Pole Line Road

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): 018
c. (Last): GREEN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 22, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Henderson Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Clark — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Ellen Moon — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Daniel C. Green — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-8-66, *19*___, *to* 1-3-67, *19*___, *that I last saw the deceased alive on* 1-3-67, *19*___, *and that death occurred at* 9:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard B. Graham 745
23b. ADDRESS: 1352 East Center, Pocatello, Ida
23c. DATE SIGNED: 1-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan.6,1967
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 1-13-67
REGISTRAR'S SIGNATURE: Kelly Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 095
Local Reg. No. 90
Reg. Dist. No. 510

RECEIVED
JAN 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 855 Randolph Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	SAM	SHEOKICHI 018	NAKASHIMA	January	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Japanese 5	Married 3	January 3, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Kameshiro Kawa, Fukuoka Ken Japan	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sukichi Nakashima	Japan	Taye Harano	Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	518-36-3057	Mrs. Nakashima	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma sigmoid colon with metastases to liver — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Jan. 3, 19 67, *that I last saw the deceased alive on* Jan. 3, 19 67, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
356 C. P. Merrell MD	Pocatello, Idaho	Jan. 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan. 7, 1967	Aultorest Memorial Corp	Ogden Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-18-67	Harry Kellogg	Lowell Henderson	E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 096
Local Reg. No. 57
Reg. Dist. No. 510

RECEIVED
JAN 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 337 West Terry Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSE
b. (Middle): B. 019
c. (Last): HERRINGTON

4. DATE OF DEATH: (Month) Janeury (Day) 3 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: September 17, 1876

9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10

10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R. R.

11. BIRTHPLACE (State or foreign country): Culver Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Herrington
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Selena Williams
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. Ethel Herrington
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Heart attack — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Diabetes with arteriosclerosis severe

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Amputation of leg on 12-30-66

19a. DATE OF OPERATION: 12-30-66

19b. MAJOR FINDINGS OF OPERATION: Gangrene in right leg

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-19-66, 19__, *to* Jan. 3, 1967, *that I last saw the deceased alive on* Jan. 3 1967 *and that death occurred at* 3:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carlton Hinman MD 469

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 5, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 1-18-67

REGISTRAR'S SIGNATURE: Lacey Kellogg

25. EMBALMER: Jack Henderson

LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 28 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 097
Local Reg. No. 10
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nudene Hotel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Nudene Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle):
c. (Last): KANE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 3, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 30, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hotel Manager 26
10b. KIND OF BUSINESS OR INDUSTRY: Nudene Hotel
11. BIRTHPLACE (State or foreign country): Chicago, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Barnett Berez — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Berez — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Herman Buck — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased ~~alive on~~* 1-3-, 1967, *and that death occurred at* 12 noon *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton H. Foley 583 Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JAN 9 1967
REGISTRAR'S SIGNATURE: Shelly Kellogg
25. EMBALMER: Conway Grant — LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 098
Local Reg. No. 11
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED JAN 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 557 No. Harrison

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 557 No. Harrison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHELE		PISTORESIS	Jan.	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 29, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mech. Dept. 10	Railroad	Italy	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Italy	Unknown	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	519-07-3727	Mrs. Lydia Pistoresis	POCATELLO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* — , 19 , *to* — , 19 , *that I last saw the deceased alive on* 1-5 , 1967 , *and that death occurred at* 5 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 Burton Hahn Coroner	Bannock Co. Idaho	1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 7, 1967	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-9-67	Lacy Kellogg	George W. Knoff	409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 099
Local Reg. No. 12
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY Bannock 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Mem. Hosp. 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 969 Brennan Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle)
c. (Last) STIRLING

4. DATE OF DEATH (Month) Jan. (Day) 6 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 1, 1886
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Barrhead, Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Stirling — BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Elizabeth Cairnduff — BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-38-6171
17. INFORMANT'S OWN SIGNATURE James Stirling — ADDRESS Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral ischemia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebro-vascular occlusion — 4 days
DUE TO (c) Cerebral arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Adenocarcinoma of recto-sigmoid junction — 4 months

19a. DATE OF OPERATION 12-30-66
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma, colon.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 12-20, 1966, *to* 1-6, 1967, *that I last saw the deceased alive on* 1-5, 1967, *and that death occurred at* 2:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 187 M. M. Graves, M.D.
23b. ADDRESS 1448 East Center Pocatello, Idaho
23c. DATE SIGNED 1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 9 Jan. 1967
24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. 1-10-67
REGISTRAR'S SIGNATURE Rolly Kellogg
25. EMBALMER George W. Knoth
LICENSE NO. 409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 03 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-086

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 100
Local Reg. No. 71
Reg. Dist. No. 510

031 JAN 18 1967 3-02

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 263 Gem

3. NAME OF DECEASED (Type or Print)
a. (First): CHRIS
b. (Middle): RAYMOND 019
c. (Last): HALL

4. DATE OF DEATH (Month) (Day) (Year): Jan 7 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 6, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles D. Hall — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Nan Gooch — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles D Hall — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7700

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiorespiratory failure — INTERVAL BETWEEN ONSET AND DEATH: immediately

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): erythroblastosis fetalis
DUE TO (c): Rh anti-iso-immunization

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1.6.67, 19__, *to* 1.7, 1967, *that I last saw the deceased alive on* 1.7., 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John R. McMahon, M.D. 347
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 1.12.67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9, '67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 1-16-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: George W. Knopp
LICENSE NO.: 409

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Downard Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 101
Local Reg. No. 22
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JAN 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1316 East Lewis Street

3. NAME OF DECEASED (Type or Print)
a. (First): STANLEY
b. (Middle): A. 018
c. (Last): GLEN

4. DATE OF DEATH (Month) (Day) (Year): January 8 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 19, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Storekeeper 09
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Power Company
11. BIRTHPLACE (State or foreign country): Tacoma Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME BIRTHPLACE: Earl W. Glen
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Emma Gullard

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 519-09-9293
17. INFORMANT'S OWN SIGNATURE: (s) Mabel E. Glen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Nephrosclerosis with uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1967 *to* Jan. 8, 1967, *that I last saw the deceased alive on* Jan. 8, 1967, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 113 (Degree or title): [signature] MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 10, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 1-18-67
REGISTRAR'S SIGNATURE: Sally Keelagg
25. EMBALMER: Earl Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 102
Local Reg. No. 26
Reg. Dist. No. 510

Certificate of Death

RECEIVED JAN 30 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Henry 019
c. (Last): Muncey

4. DATE OF DEATH (Month) (Day) (Year): January 9 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: August 9, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driver 27
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Silver Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Marion F. Muncey — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Griner — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 519 07 3288
17. INFORMANT'S OWN SIGNATURE: Olivia Owens — ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9030

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): Fractured hip, with chronic osteomyelitis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 sidewalk
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): McCammon, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Patient had fallen 2 days prior to admission on 10-1-66.

22. *I hereby certify that I attended the deceased from* 10-1-66, 19__, *to* 1-9-67, 19__, *that I last saw the deceased alive on* 1-8-67, 19__, *and that death occurred at* 12:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard B. Graham M.D.
23b. ADDRESS: 1352 East Center, Pocatello Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1/12/67
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: 1-23-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician on sidewalk outside his home or in town, details unknown.

Certificate of Death

STATE OF IDAHO

State File No. 103
Local Reg. No. 18
Reg. Dist. No. 511

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
JAN 18 1967

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello 002
c. LENGTH OF STAY (If outside this place) --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon
b. COUNTY Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Portland
d. STREET ADDRESS (If rural, give location) 5405 N.E. 47th Ave.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FRANCIS	S 019	VAN SICKLE	Jan.	9	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 30, 1912	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forester 08	U.S. Govt.	Columbus, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy VanSickle	Unk	(Unk) Saxton	Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unk	478-12-2438	George Knoth	Pocatello Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Seen on Drug to Emergency basis ~~19~~ *to* ~~Emergency Room Visit~~ *at* ~~No St Hospital~~ *, that I last saw the deceased alive on* ~~Emergency Room Visit~~ *, 19* ~~Emergency Room Visit~~ *, and that death occurred at* ~~Emergency Room Visit~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. F. Cottle M. Cottle 107	MD	1070 S 7th Pocatello Ida.	1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	Jan 10, 1967	--------	Portland Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JAN 1[illegible] 1967	Lacey Kellogg	George Knoth	409

FIRM NAME: Doward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 194
Local Reg. No. 27
Reg. Dist. No. 510

BIRTH NO.

JAN 3 01967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03/
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY in this place: 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03/
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 820 E. Lander

3. NAME OF DECEASED (Type or Print)
a. (First): LILLIAN
b. (Middle): 819
c. (Last): APA

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 27, 1907
9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Duryea, Penna.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Phillip Burke — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Mary Pokorney — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Ila Woodland — ADDRESS: Downey, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 1964 Cerebrovascular accident ? Ca — INTERVAL BETWEEN ONSET AND DEATH: 1964

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): carcinoma of breast ? — 1946
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Paroxysmal Tachycardia — 10 days

19a. DATE OF OPERATION: 1964
19b. MAJOR FINDINGS OF OPERATION: Biopsy Esophageal Stricture benign
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19___, *to* Jan 11, 1967, *that I last saw the deceased alive on* Jan 1967, *and that death occurred at* 9:[illegible] a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 248 Richard P. Hoenmans — (Degree or title): MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Jan 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: JAN 20 1967
REGISTRAR'S SIGNATURE: Nancy Lee Cox
25. EMBALMER: George W. Knoll
LICENSE NO.: 409
FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 105
Local Reg. No. 51
Reg. Dist. No. 511

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 20 1967

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GERALD
b. (Middle): LEROY 020
c. (Last): LEWIS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 23, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Francis Hyrum Lewis — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Jane Bess — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Glen L. Lewis — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

578X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastro intestinal Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Stroke + Myocardial infarction

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* 1-12, 1967, *that I last saw the deceased alive on* 1-12, 1967, *and that death occurred at* 12:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 020 (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Whitney Cemetery
24d. LOCATION (City, town, or county) (State): Whitney, Idaho

DATE REC'D BY LOCAL REG.: FEB 15 1967
REGISTRAR'S SIGNATURE: Maureen Schilaski
25. EMBALMER: Conway Grant — LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021 Deputy
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 106
Local Reg. No. 24
Reg. Dist. No. 511

Certificate of Death

RECEIVED
FEB 29 1968
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): W.
c. (Last): TATE

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 18, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Leopold, West Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Wanstreet — BIRTHPLACE: Oldenburg, Germany
14. MOTHER'S MAIDEN NAME: Sophia Bode — BIRTHPLACE: Baltimore, Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ***
16. SOCIAL SECURITY NO.: ***
17. INFORMANT'S OWN SIGNATURE: /s/ Vera Hubbard — ADDRESS: Inkom, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriolosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Subacute Cystitis — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, *19*__, *to* Jan. 12, 1967, *that I last saw the deceased alive on* Jan. 12, 1967, *and that death occurred at* 4:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard B. Howard
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 1/20/67
REGISTRAR'S SIGNATURE: s/s Sally Kellogg
25. EMBALMER: /s/ Jack Henderson
LICENSE NO.: H-349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 106
Local Reg. No. 24
Reg. Dist. No. 511

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 JAN 24 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crystal
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ANNIE
b. (Middle): W. 018
c. (Last): TATE

4. DATE OF DEATH (Month) (Day) (Year): January 12 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 18, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Leopold, West Virginia
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Henry Wanstreet — BIRTHPLACE: Oldenburg, Germany
14. MOTHER'S MAIDEN NAME: Sophia Bode — BIRTHPLACE: Baltimore, Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: *****
17. INFORMANT'S OWN SIGNATURE: Vera Hubbard — ADDRESS: Inkom, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis 334X — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Subacute cystitis — 2 months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* Jan. 12, 1967, *that I last saw the deceased alive on* Jan. 12, 1967, *and that death occurred at* 4:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title):
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Jan. 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 1-20-67
REGISTRAR'S SIGNATURE: Sally Sellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 5 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-106
BIRTH NO.

RECEIVED
JAN 24 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 107
Local Reg. No. 23
Reg. Dist. No. 511

1. PLACE OF DEATH	**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. COUNTY: Bannock 032	a. STATE: Idaho b. COUNTY: 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
c. LENGTH OF STAY (in this place):	d. STREET ADDRESS (If rural, give location):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNESTINE	018	DANIELS	Jan. 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Jan. 12, 1967				1	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	xxxxx	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Daniels	Malad, Idaho	Violet Alvarez	Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX	XXXX	Ernest Daniels	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7766

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11 Jan, 1967, *to* 12 Jan, 19 67, *that I last saw the deceased alive on* 12 Jan, 1967, *and that death occurred at* 5:45 4m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Robert, MD	527 So 12th Ave. Pocatello	16 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 16, 1967	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-18-67	Kathy Keeney	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 108
Local Reg. No. 55
Reg. Dist. No. 5-10

Certificate of Death

RECEIVED
FEB 2 1967
Bureau of Vital Stat.

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY Bannock 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 435 No. Johnson

3. NAME OF DECEASED (Type or Print)
a. (First) BERTHA
b. (Middle) C 019
c. (Last) OLIVER

4. DATE OF DEATH (Month) Jan. (Day) 13 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Mar. 28, 1879
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? Can

13. FATHER'S NAME William G. Carson — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Elizabeth Middleton — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. G. S. Galbraith — ADDRESS Pocatello, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis & Senility — INTERVAL BETWEEN ONSET AND DEATH: Chronic

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11-67, 19__, *to* 1-13-67, 19__, *that I last saw the deceased alive on* 1-13-67, 19__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. 1-31-67
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER George W. Knopp
LICENSE NO. 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 109
Local Reg. No. 28
Reg. Dist. No. 570

BIRTH NO.

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03 / 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 / b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 645 Richland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MAXINE	RUTH 018	THYBERG	Jan. 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cauc.	Married 3	April 8, 1916	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Inkom, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George A. Whitworth	Utah	Agnes Hayes Williams	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX	519 10 2161	Roy Thyberg	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of the colon with generalized metastases — INTERVAL BETWEEN ONSET AND DEATH 3½ yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
6/3/63	Carcinoma of the colon.	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/3/63, 19__, *to* 1/14/67, 19__, *that I last saw the deceased alive on* 1/13/67, 19__, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	1541 E. Clark St. Pocatello, Idaho	1/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan.17,1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-24-67	[signature]	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 110
Local Reg. No. 23
Reg. Dist. No. 511

Certificate of Death

RECEIVED JAN 24 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF [illegible] (If not in hospital or institution, give street address or location): -
d. FULL NAME OF HOSPITAL OR INSTITUTION: --

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location): -

3. NAME OF DECEASED (Type or Print)
a. (First): LYNN
b. (Middle): B.
c. (Last): JENSEN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: July 5, 1923
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Downey, Bannock, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph A. Jensen — BIRTHPLACE: Hyrum, Utah
14. MOTHER'S MAIDEN NAME: Martha A. Barnes — BIRTHPLACE: Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 519-30-8033
17. INFORMANT'S OWN SIGNATURE: Vestal Jensen — ADDRESS: Downey, Idaho

9731

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Poisoning, Carbon Monoxide (Auto-exhaust Fumes)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* --, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* ~~alive~~ dead *on* 1-15-, 1967, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton John 583 (Degree or title): Coroner
23b. ADDRESS: Bannock Co, Idaho
23c. DATE SIGNED: 1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Downey City Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 1-18-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 111
Local Reg. No. 37
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 9 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MILDRED b. (Middle) SUE 294 c. (Last) MANHART

4. DATE OF DEATH (Month) (Day) (Year) Jan. 18, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 13, 1892
9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel maid 61
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Gayle BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Carl J. Manhart ADDRESS Ridgecrest, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4500 Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip — 2 months; Senility — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] MD (Degree or title)
23b. ADDRESS Pocatello
23c. DATE SIGNED 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Ida

DATE REC'D BY LOCAL REG. 2-7-67
REGISTRAR'S SIGNATURE Mary Kellogg
25. EMBALMER Conway Grant
LICENSE NO. E-478
FIRM NAME: Canning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 112
Local Reg. No. 7
Reg. Dist. No. 360

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 14 Canyon
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 219 North 10th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	FRED	HAUCK	1	19	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	Feb. 9, 1889	77	11	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Retired	Litchfield, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Hauck	Germany	Anna Beck	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-18-7336	x Celia Hauck	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 11 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-24-66, 19____, *to* 1-19-67, 19____, *that I last saw the deceased alive on* 1-19-67, 19____, *and that death occurred at* 4:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Stonis 505, M. D.	222 East Elm--Caldwell, Idaho	1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/23/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-10-1967	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 113
Local Reg. No. 39
Reg. Dist. No. 5

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03/ 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03/ b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 250 South Fourth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) W. c. (Last) HAHNE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 29, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dispatcher 10

10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.

11. BIRTHPLACE (State or foreign country): Anaconda, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles R. Hahne BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Phoebe Bullock BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Glen D. Allred ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Jan. 17,67

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 3-5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity — 8 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 17, 19___, *to* Jan 19, 1967, *that I last saw the deceased alive on* Jan 19, 1967 *and that death occurred at* 4:14 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John W. Wurster, M.D.
23b. ADDRESS: 84 Center Plaza, Pocatello, Idaho
23c. DATE SIGNED: 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan.23,1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Maureen Scholes, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E-478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 114
Local Reg. No. 45
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED FEB 16 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 030
b. CITY OR TOWN Lava Hot Springs
c. LENGTH OF STAY (in this place) 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valleyview Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location) Valleyview Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) LYLE 021 c. (Last) CAVANAUGH

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Jan. 17, 1907
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 10
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Cavanaugh BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Louise Eldridge BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 519-20-9989
17. INFORMANT'S OWN SIGNATURE Tommy Cavanaugh ADDRESS Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

330X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sudden Death in Sleep — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probably Cerebral Vascular

DUE TO (c) Accident or Embolism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1957, *to* 1-19, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS Downey, Idaho
23c. DATE SIGNED 2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 2-9-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER George W. Knopp
LICENSE NO. 402
FIRM NAME: Forward Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 1 1977

DEC 2 6 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 115
Local Reg. No. 33
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 1 1967

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau township): Pocatello 050
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 217 S. Bryan Rd.

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) 019 c. (Last) BRAKKE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 25, 1901

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Highway Dept. 08

10b. KIND OF BUSINESS OR INDUSTRY: County

11. BIRTHPLACE (State or foreign country): Lead, So. Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nels Brakke
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Anna Lund
BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 503-01-9031

17. INFORMANT'S OWN SIGNATURE: Mrs A L Brakke
ADDRESS: Pocatello, ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral Stenosis + Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: ?1917

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Post Rheumatic Fever age 15 — ?age 15
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1964, *to* Jan 20, 1967, *that I last saw the deceased alive on* Jan 20, 1967, *and that death occurred at* 8 30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 400 Richard E Ostler MD
23b. ADDRESS: 246 N. 18th Pocatello Idaho
23c. DATE SIGNED: 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Jan 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cem
24d. LOCATION (City, town, or county) (State): Spoonfish So. Dakota

DATE REC'D BY LOCAL REG.: 1-30-67
REGISTRAR'S SIGNATURE: Maureen Schulke, Deputy
25. EMBALMER: George W. Knoll
LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAR 15 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25. AUG 12 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 116
Local Reg. No. 30
Reg. Dist. No. 516

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 3418 Pole Line Road

3. NAME OF DECEASED (Type or Print)
a. (First): DENNIS
b. (Middle): LEWIS
c. (Last): DALTON

4. DATE OF DEATH (Month) (Day) (Year): January 22, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: March 22, 1946
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tire Dept Sales 25
10b. KIND OF BUSINESS OR INDUSTRY: Montgomery Ward Co
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOSEPH DALTON — BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: IDA KNUDSON — BIRTHPLACE: Portage, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -
16. SOCIAL SECURITY: 518-58-1014
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 3418 Pole Line, Pocatello Idh.

18. CAUSE OF DEATH 9818
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage, internal, abdomen — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — Gun-shot wound

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): xx
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Dance Hall 25
21c. (CITY, TOWN, OR TOWNSHIP) 031 (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-21-67-11:35 pm m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: Shot by another person

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12:35am *from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): [signature] Coroner 4
23b. ADDRESS: 58 Colgate, Pocatello, Idaho
23c. DATE SIGNED: Jan.24,1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad City, Idaho

DATE REC'D BY LOCAL REG.: JAN 25 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Raiford G. Benson [signature]
LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 8 1967

APR 11 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 117
Local Reg. No. 32
Reg. Dist. No. 570

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 / 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 231 No. Garfield Ave / 07

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 / b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 231 No. Garfield Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MABEL	WINONA (Nona)	GRIGGS	Jan. 22 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Aug. 22, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Denison, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus C. Montgomery	Ohio	Nettie C. Walton	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-38-6300	L. W. Griggs Jr	Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Yrs.
DUE TO (c) Atherosclerosis — Yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Previous Infarction (1965)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1962 19 , to '67-I-22 19 , *that I last saw the deceased alive on* 67-I-15 19 , *and that death occurred at* 11:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	[illegible]	'67-I-25

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 25, 1967	Mount Moriah	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-26-67	Maureen Schelske, Deputy	George R. Roth	409

FIRM NAME: Dowman Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 118
Local Reg. No. 39
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1439 North Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): COX

4. DATE OF DEATH (Month) (Day) (Year): Jan. 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 14, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: FMC
11. BIRTHPLACE (State or foreign country): Grassy Cove, Tenn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Frank Cox — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Lida Ann Ford — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Alvin Hamp — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from — , 19__, to — , 19__, that I ~~last~~ saw the deceased alive on 1-23, 1967, and that death occurred at 1:00 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton John 583 Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 2-2-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant — LICENSE NO.: E-478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 8 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 119
Local Reg. No. 240
Reg. Dist. No. 510

67-148
BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03 | FEB 2 1967 | 3-02
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY IN (this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 | b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 925 Wilson

3. NAME OF DECEASED (Type or Print) a. (First) BRADLEY | b. (Middle) ALLEN 019 | c. (Last) CONNOR

4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1967

5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Jan. 23, 1967 | 9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days 2 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY ———
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert D. Connor | BIRTHPLACE Washington
14. MOTHER'S MAIDEN NAME Anita Goitia | BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Robert D Connor | ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7605

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 2 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 23, 1967, to Jan. 25, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* 3:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD
23b. ADDRESS 517 S. 17th
23c. DATE SIGNED 1-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 27, '67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. FEB 1 1967
REGISTRAR'S SIGNATURE Lucy Kellogg
25. EMBALMER [signature]
LICENSE NO. 409
FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 5 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 120
Local Reg. No. 34
Reg. Dist. No. 510

BIRTH NO.

RECEIVED

1. PLACE OF DEATH
a. COUNTY (03) Bannock FEB 1 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital (19)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho (13) b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 521 Richland

3. NAME OF DECEASED (Type or Print) a. (First) THADDEUS b. (Middle) c. (Last) HELM

4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov. 17, 1886

9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Finisher (06)

10b. KIND OF BUSINESS OR INDUSTRY Cement

11. BIRTHPLACE (State or foreign country) Mill Creek, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marshel Helm BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Margaret Mitchell BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXXX

16. SOCIAL SECURITY NO. 519 07 3706

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Asthma, Bronchitis, + — INTERVAL BETWEEN ONSET AND DEATH yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-26, 19__, *to* 1-27, 1967, *that I last saw the deceased alive on* 1-25, 1967, *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 362

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 28, 1967

24c. NAME OF CEMETERY OR CREMATORY Elysian Burial Gardens

24d. LOCATION (City, town, or county) (State) Salt Lake City, Utah

DATE REC'D BY LOCAL REG. JAN 30 1967

REGISTRAR'S SIGNATURE Maureen Schelske, Deputy

25. EMBALMER [signature]

LICENSE NO. E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 121
Local Reg. No. 46
Reg. Dist. No. 510

BIRTH NO.

RECEIVED FEB 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 22
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Hillcrest Haven Convalsecent Home

3. NAME OF DECEASED (Type or Print): a. (First) ELIZABETH b. (Middle) M. c. (Last) KREITER

4. DATE OF DEATH (Month) (Day) (Year): January 26 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: November 28, 1893

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 07

10b. KIND OF BUSINESS OR INDUSTRY: ******

11. BIRTHPLACE (State or foreign country): Mound City, South Dakota

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Christoph Maisch BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Catherine Heer BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lillian Partner ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490.X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bilateral pneumonia
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 15, 1966, *to* Jan. 26, 19 67 *that I last saw the deceased alive on* Jan. 26, 19 67, *and that death occurred at* 8:10a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sydney H. Horrocks M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: Jan. 30, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 30, 1967

24c. NAME OF CEMETERY OR CREMATORY: Falls View Cemetery

24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG. FEB 1967

REGISTRAR'S SIGNATURE: Mary Feeney

25. EMBALMER: Jack Henderson

LICENSE NO. E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 122
Local Reg. No. 37
Reg. Dist. No. 510

Certificate of Death

RECEIVED
FEB 2 1967
Bureau of Vital Stat.

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 5-M Pocatello Hts.

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): G 019
c. (Last): KENDALL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 26 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Apr. 18, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mech. Engineer 21
10b. KIND OF BUSINESS OR INDUSTRY: Mfg.
11. BIRTHPLACE (State or foreign country): Oakland, Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas M. Kendall — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Kathryn Sundholm — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 557-07-2991
17. INFORMANT'S OWN SIGNATURE: Mrs. T. S. Kendall — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ca Colon 1538

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gen. Metastasis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Jan 26 1967, *that I last saw the deceased alive on* Jan 26, 1967, *and that death occurred at* 6 49 *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. K. Gorton 185 MD (Degree or title)
23b. ADDRESS: POCATELLO, IDAHO
23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30, '67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knopp
LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 123
Local Reg. No. 46
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Convalsecent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 585 West Clark Street

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): H.
c. (Last): LYON

4. DATE OF DEATH: January 29 1967 (Month) (Day) (Year)

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 15, 1889

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker

10b. KIND OF BUSINESS OR INDUSTRY: Self Employed

11. BIRTHPLACE (State or foreign country): Blackfoot Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Albert Edward Lyon
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mary Lyon
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Palos Verdes Estate, Ca

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocarditis - arteriosclerotic type
DUE TO (c): Senility of age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Jan. 29, 19 67, *that I last saw the deceased alive on* Jan. 29, 19 67, *and that death occurred at* 7:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McMahon (Degree or title) MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: 2-14-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 124
Local Reg. No. 41
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 630 North Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): FORREST 019
c. (Last): TROUT

4. DATE OF DEATH (Month) (Day) (Year): January 29 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 19, 1905
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. of Communication
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific RR
11. BIRTHPLACE (State or foreign country): Neosho Falls Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Edward M. Trout 10
BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lillie Bell Webster
BIRTHPLACE: Lawrence County, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 712-01-8211
17. INFORMANT'S OWN SIGNATURE: R. E. Trout
ADDRESS: Milwaukee, Wisc.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1551 Carcinoma of gall bladder — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 22, 1967, *to* January 29 1967 *that I last saw the deceased alive on* January 29 1967, *and that death occurred at* 4P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. Hindsdall 113 MD
23b. ADDRESS: Pocatello Id. Pocatello, Idaho
23c. DATE SIGNED: Jan. 31, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 125
Local Reg. No. 42
Reg. Dist. No. 5-10

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 3-07 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, I
d. STREET ADDRESS (If rural, give location): 140 No. Johnson

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): J
c. (Last): WALTMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan.. 30 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 11, 1867
9. AGE (In years last birthday): 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Monat, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Waltman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Martha Birch — BIRTHPLACE: Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-38-7247
17. INFORMANT'S OWN SIGNATURE: T. W. J. Waltman — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute Fracture Rt. Hip — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 1-30-, 1967, *that I last saw the deceased alive on* 1-30, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 362 David C. Miller M.D. (Degree or title)
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 2-2-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knopp — LICENSE NO. 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 126
Local Reg. No. 43
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED FEB 9 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Rte. 2, North--Box 9

3. NAME OF DECEASED (Type or Print): a. (First) BLANCHE b. (Middle) NILES 018 c. (Last) BENNETT

4. DATE OF DEATH: (Month) Jan. (Day) 31 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 8, 1890
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Cresco, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Isaac A. Niles — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary Waln — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-20-7763A
17. INFORMANT'S OWN SIGNATURE: Mark L Bunce — ADDRESS: Pocatello, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1993

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma, generalized, abdominal. — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/5/67
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, generalized, abdominal.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/5/67, 19__, *to* 1/31/67, 19__, *that I last saw the deceased alive on* 1/31/67, 19__, *and that death occurred at* 12:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: A. K. Clinton 185 (Degree or title) M.D.
23b. ADDRESS: 1541 E. Clark St. Pocatello, Idaho
23c. DATE SIGNED: 2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasantview Cem.
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: 2-3-67
REGISTRAR'S SIGNATURE: Darcy Kellogg
25. EMBALMER: George W. Knopp
LICENSE NO.: 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 127
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 3 1967

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (If in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bennington, Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle) Edwin 024
c. (Last) Skinner

4. DATE OF DEATH (Month) (Day) (Year) Jan 26 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Aug. 9, 1883
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Liberty Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Brigham Skinner — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lucy Ann Smith — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-05-3644A
17. INFORMANT'S OWN SIGNATURE Mrs. Clarence Sparks — ADDRESS Bennington Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Staph — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lung Scarring c̄ Emphsena — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Heart disease — 8-10 yrs
Tumor Rt Diaphram — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* 26 Jan, 1967, *that I last saw the deceased alive on* 26 Jan, 1967, *and that death occurred at* 11:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. T. Landers 300 (Degree or title) MD
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 31 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Jan 30 1967
24c. NAME OF CEMETERY OR CREMATORY Rest Lawn Memorial
24d. LOCATION (City, town, or county) (State) Pocatello Idaho

DATE REC'D BY LOCAL REG. 2-1-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinski
25. EMBALMER Nile Matthews
LICENSE NO. E359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 22 2016

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 128
Local Reg. No. 2
Reg. Dist. No. 130

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 1-04
b. CITY OR TOWN St. Maries
LENGTH OF STAY (in this place) 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 1910 Washington

3. NAME OF DECEASED (Type or Print) a. (First) Jennie b. (Middle) -- c. (Last) McMillan

4. DATE OF DEATH (Month) January (Day) 8 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 15, 1875

9. AGE (In years last birthday) 91
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Proprietor 36

10b. KIND OF BUSINESS OR INDUSTRY Hotel - Cafe

11. BIRTHPLACE (State or foreign country) Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John McDonnell
BIRTHPLACE Canada

14. MOTHER'S MAIDEN NAME No Information
BIRTHPLACE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 518-54-4977

17. INFORMANT'S SIGNATURE Mrs James Bruner
ADDRESS St. Maries

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis
INTERVAL BETWEEN ONSET AND DEATH Unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac decompensation 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 1964 *to* Jan 8, 1967, *that I last saw the deceased alive on* Jan 8, 1967, *and that death occurred at* 4:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE B. A. Rapp 428 (Degree or title) M.D.
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/11/1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries, (State) Idaho

DATE REC'D BY LOCAL REG. 1-13-67
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER Everett E. Browning
LICENSE NO. E-411
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 129
Local Reg. No. 3
Reg. Dist. No. 130

BIRTH NO.

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 150
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) Few Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION 210 Sunset View 5-05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 811 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) ---
c. (Last) Morasch

4. DATE OF DEATH (Month) (Day) (Year) January 12 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept 18, 1897
9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY St. Maries Lumber Company
11. BIRTHPLACE (State or foreign country) Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Morasch
BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Sophia Benner
BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-03-8800
17. INFORMANT'S OWN SIGNATURE Alivia Morasch
ADDRESS St Maries

5020

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale — 5 yr
DUE TO (c) Emphysema + Chronic Bronchitis, 15 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1963, *to* 1-12, 1967, *that I last saw the deceased alive on* 1-9, 1967, *and that death occurred at* 12:22 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Bruce E Rabuck (Degree or title) MD
23b. ADDRESS St Maries, Idaho
23c. DATE SIGNED 1-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/16/1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. 1-16-67
REGISTRAR'S SIGNATURE Wanda Simms
25. EMBALMER
LICENSE NO. E-477
FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 13 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 130
Local Reg. No. 4
Reg. Dist. No. 130

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah FEB 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries (Rural)
LENGTH OF STAY (in this place) Few Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Junct. Hwy. 95A & St. Joe Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 910 ½ Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jeanette	(none)	Durkee	January 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	November 25, 1925	41				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress 06	Cafe	Montana	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Boyd	Minnesota	Married Watters	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	517-22-6208	Everett Durkee	St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar skull fracture — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral damage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fract. rib - left & hemothorax

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	St. Joe Road & Hwy 95A	Near St. Maries Benewah Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
1	22	67	10:00 a.m.		Auto accident - thrown out of car

22. *I hereby certify that I attended the deceased from* 1-22-67, 19___, *to* 1-22-67, 19___, *that I last saw the deceased alive on* 1-22-67, 19___, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston	MD	St. Maries Idaho	2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/30/1967	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-3-67	Wanda Dennis	Everett Browning	E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 15 1967

APR 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 131
Local Reg. No. 5
Reg. Dist. No. 600

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

FEB 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF TIME (If in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): N 029
c. (Last): Barrows

4. DATE OF DEATH (Month) (Day) (Year): Jan 5 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1 Feb 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charleston, Utah
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George Washington Noakes — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anna Winterton — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ------ (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Lola Hainsworth — ADDRESS: [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: A M Withers 569 MD (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9 Jan 1967
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county): Shelley, Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 23, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: L.M. Nalder [signature] — LICENSE NO.: E 275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: [illegible] Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 132
Local Reg. No. 6
Reg. Dist. No. 6-01

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 FEB 6 1967 032 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibson
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibson
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EUGENE		DIGGIE	Jan. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian 3	Married 3	July 5, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer and Cattleman		Fort Hall, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charley Diggie 04	Fort Hall, Ida.	Peabah	Fort Hall, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		X Winston S. Diggie Sr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ~~Jan. 6, 1967~~ *, 19__, that I last saw the deceased alive on* ~~Jan. 6~~ *, 19__, and that death occurred at* ~~12:30~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley 583	Coroner	321 E. Walker Blackfoot	1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 10, 1967	Fort Hall Mission Cemetery, Fort Hall, Idaho	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 23, 1967	Dorothy J. Jones	C. Dean Nill	E. 466

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended
Feb 6, 1967

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 133
Local Reg. No. 1
Reg. Dist. No. 600

BIRTH NO.

FEB 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIBALD
b. (Middle): ALFRED
c. (Last): PRITCHETT

4. DATE OF DEATH: (Month) January (Day) 10, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: January 25, 1897

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman 26

10b. KIND OF BUSINESS OR INDUSTRY: Potato Starch Co.

11. BIRTHPLACE (State or foreign country): Eden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred L. Pritchett
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Francis Heninger
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.: 519-07-4523

17. INFORMANT'S OWN SIGNATURE: Barbara Davidson
ADDRESS: Blackfoot, Idaho

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebrovascular Rupture — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebro vascular arteriosclerosis — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1954, *to* Jan 10, 1967, *that I last saw the deceased alive on* Jan 10, 1967, *and that death occurred at* 2:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Sackett M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Jan 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Groveland cemetery
24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: Jan. 31, 1967
REGISTRAR'S SIGNATURE: Dorothy L. Jones
25. EMBALMER: E. Dean Hill
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No 01
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JAN 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): ARCHIBALD
b. (Middle): ALFRED
c. (Last): PRITCHETT

4. DATE OF DEATH (Month) (Day) (Year): January 10, 1966

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: January 25, 1897

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman

10b. KIND OF BUSINESS OR INDUSTRY: Potato Starch co.

11. BIRTHPLACE (State or foreign country): Eden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred L. Pritchett
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Francis Heninger
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519-07-4523

17. INFORMANT'S OWN SIGNATURE: Maretta Pritchett
ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular rupture — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebro vascular arteriosclerosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 57, to Jan 10, 19 67, *that I last saw the deceased alive on* Jan 10, 19 67, *and that death occurred at* 2:40a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean Packer M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Jan 12,66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 13, 1966

24c. NAME OF CEMETERY OR CREMATORY: Groveland cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Jan 17, 1967

REGISTRAR'S SIGNATURE: Dorothy L. Jones

25. EMBALMER: L. Dean Hill

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 134
Local Reg. No. 3
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ROY c. (Last) MOUNCE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower 2

8. DATE OF BIRTH: June 6, 1884

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 7, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer. Retired.

10b. KIND OF BUSINESS OR INDUSTRY: Farms.

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Thomas Mounce — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Angeline Webster — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-5424

17. INFORMANT'S OWN SIGNATURE: Mrs Arnold Kendall — ADDRESS: Aberdee Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction - — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-31, 1964, *to* 1-20, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* 8:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.M. Withers 569 (Degree or title): M.D.

23b. ADDRESS: Blackfoot Idaho

23c. DATE SIGNED: 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 23, 67

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho.

DATE REC'D BY LOCAL REG.: Jan 30, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: H. L. Davis

LICENSE NO.: E253

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: FEB 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 135
Local Reg. No. 4
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06 — 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06 — b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1415 Apple Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	EDNA 029	COTTERELL	January 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	March 14, 1893	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	Home	Alexis Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter S. Tomlinson	Canada	Margaret Jane Mahon	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-10-8797	Merlin H Cotterell	Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypotension — 3 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1st, 1965, *to* Jan 27, 1967, *that I last saw the deceased alive on* January 27, 1967, *and that death occurred at* 6:45p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. D.	Blackfoot, Idaho	Jan 29,67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan 30, 1967	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 1, 1967	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 136
Local Reg. No. 7
Reg. Dist. No. 600

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bingham 061 — FEB 6 1967 — 027
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 — b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELVARETTA	WILSON	WATSON	January 27 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	January 27, 1877	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	Home	Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis D. Wilson	Illinois	Catherine Wiggins	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Phyllis M. Hale	Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Decompensation	5 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary arteriosclerosis	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950, *to* January 27, 1967, *that I last saw the deceased alive on* January 27, 1967, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
404 J. M. Packer M.D.	Blackfoot, Idaho	January 30, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan 30, 1967	Riverside-Thomas cemetery	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 31, 1967	Dorothy J. Jones	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 137
Local Reg. No. 9
Reg. Dist. No. 600

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 061 Bingham 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (In this place) 5mo23days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 952 10th Street

3. NAME OF DECEASED (Type or Print) a. (First) BERNICE b. (Middle) P. c. (Last) FRYE

4. DATE OF DEATH (Month) (Day) (Year) January 28 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 28 Aug. 1882
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Van Slane BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Pauline Vanstone BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516 07 5043
17. INFORMANT'S OWN SIGNATURE ADDRESS Med. Records-State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4938

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Left thrombophlebitis — 1½ month
DUE TO (c) Electrolyte imbalance — 1½ month
DUE TO (c) Pneumonia — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility and marked debility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 July, 1966, *to* 28 January 1967, *that I last saw the deceased alive on* 28 January 67 *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title) M.D.
23b. ADDRESS State Hospital South-Blackfoot, Idaho
23c. DATE SIGNED 31 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE February 1, 67
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Feb 3, 1967
REGISTRAR'S SIGNATURE Dorothy D. Jones
25. EMBALMER C. Dean Hill
LICENSE NO. E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 138
Local Reg. No. 8
Reg. Dist. No. 601

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth,
c. LENGTH OF [illegible] (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Louis
b. (Middle) Hyrum
c. (Last) Marsden

4. DATE OF DEATH (Month) Jan (Day) 29 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 20 July 1905
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Taylorsville, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Amos H. Marsden — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Clara May Elsmore — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-10-6980
17. INFORMANT'S OWN SIGNATURE Louis L Marsden — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9328

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure to cold weather — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unconsciousness from alcohol
DUE TO (c) /

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ✓ SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE) 1 mile South Firth Bingham Idaho

21d. TIME OF INJURY (Month) 1 (Day) 29 (Year) 67 (Hour) 4 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* I did not [illegible] *to* alive *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Carl [illegible] 583 (Degree or title) Coroner 4
23b. ADDRESS 321 E. Walker Blackfoot
23c. DATE SIGNED 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1 Feb 1967
24c. NAME OF CEMETERY OR CREMATORY Firth Cemetery
24d. LOCATION (City, town, or county) (State) Firth, Idaho

DATE REC'D BY LOCAL REG. Feb. 2, 1967
REGISTRAR'S SIGNATURE Dorothy J Jona
25. EMBALMER Lloyd M. Nalder [signature] LICENSE NO. E-275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 2 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 139
Local Reg. No. 2
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 308 2nd North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location) 308 2nd Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First) MARIE
b. (Middle) ADELHAIDE 000
c. (Last) SCHULTZ

4. DATE OF DEATH (Month) (Day) (Year) January 21, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Oct. 20, 1905
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nurce aide 13
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Pter Wolter — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Adelhaide Mavius — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-7182
17. INFORMANT'S OWN SIGNATURE Adelhaide Wolter — ADDRESS Hailey, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Breast Carcinoma ? type — INTERVAL BETWEEN ONSET AND DEATH Typ.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Oct 15, 1966, *and that death occurred at* 6:4 *m., from the causes and on the date stated above.*

23a. SIGNATURE Alden M. Pauler MD 402 (Degree or title)
23b. ADDRESS Hailey, Idaho
23c. DATE SIGNED 1/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/23/67
24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery
24d. LOCATION (City, town, or county) Hailey, (State) Ioaho

DATE REC'D BY LOCAL REG. Jan 28-67
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. EMBALMER Keith Bird Keith Bird
LICENSE NO. E-373

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bird Funeral Home, Hailey, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB .1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 140
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 070
a. COUNTY Blaine 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence, 414 E. Galena

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location) 414 East Galena

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) HUSTON 000
c. (Last) SHEPHERD

4. DATE OF DEATH (Month) (Day) (Year) January 25, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH March 30, 1877
9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Printer 21
10b. KIND OF BUSINESS OR INDUSTRY newspaper
11. BIRTHPLACE (State or foreign country) Baker, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stephen Huston BIRTHPLACE Shepherd UNK
14. MOTHER'S MAIDEN NAME Melvina Harrington BIRTHPLACE UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-9776
17. INFORMANT'S OWN SIGNATURE W A Shepherd ADDRESS Boise, Ida

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis. — Many yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1964, *to* Jan 25, 1967, *that I last saw the deceased alive on* Jan 10, 1967, *and that death occurred at* 6:00 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE 402 Aldus M Pallmed (Degree or title)
23b. ADDRESS Box 37 Hailey Idaho
23c. DATE SIGNED 1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/28/67
24c. NAME OF CEMETERY OR CREMATORY Hailey Cemetery
24d. LOCATION (City, town, or county) (State) Hailey, Idaho

DATE REC'D BY LOCAL REG. Jan-28-67
REGISTRAR'S SIGNATURE Robert H. Wright per C.B.W.
25. EMBALMER Keith Bird Keith Bird
LICENSE NO. E-373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

If Bird Funeral Home sends in requests for this certificate. Return. The family picked up all the copies they will need.

1-31-67

RECEIVED
JAN 3 1 1967
Bureau of Vital Statistics

RECEIVED FEB 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 141
Local Reg. No. 4
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN Sun Valley 000
(If outside corporate limits or not in incorporated township) LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sun Valley Hosp. 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellevue
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	FREDRICK	SHIPP	Jan. 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Feb. 6, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Farming	Glendale, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Shipp		Ann	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		518-42-6675	Ruth H Shipp	Bellevue, Ic

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 493 X — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Bronchitis & Emphysema ASHD Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1/22, 1967, *to* 1/30, 1967, *that I last saw the deceased alive on* 1/30, 1967, *and that death occurred at* 9:18 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin E Ekker	M.D	Sun Valley, Idaho	2/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2/3/67	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb-8-'67	Robert H Wright per	Keith Bird Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 142
Local Reg. No. 352
Reg. Dist. No.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO:

1. PLACE OF DEATH
a. COUNTY: Boise 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warm Springs Resort 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 080
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho City
d. STREET ADDRESS (If rural, give location): Warm Springs Resort

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ARTHUR	JENNINGS	WEIBYE	Jan. 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Nov. 3, 1909	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner-Manager 26	Warm Springs Resort	Eagle Bend, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin J. Weibye	Norway	Amanda Lungren	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	574-05-8539	Rachael D. Weibye	Idaho City, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 21, 1963, *to* Jan 13, 1967, *that I last saw the deceased alive on* 23 Jan, 1966, *and that death occurred* Not Known m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clayton C. Morgan 370	M.D.	Boise Idaho	16 Jan 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	1-15-67		Eagle Bend, Minnesota Todd County

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-19-67	[illegible]	Dale McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 30 1967

JUN 6 1968

MAR 7 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 143
Local Reg. No. 11
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN: Sandpoint
Length of stay in this place: 1 1/2 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 b. COUNTY: Bonner
c. CITY OR TOWN: Sandpoint
d. STREET ADDRESS (If rural, give location): 443 S. 4th

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Collyer

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 1, 1882

9. AGE (In years last birthday): 84 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. R. Coodrich BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Claudia Vickery BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539-50-6309 J1

17. INFORMANT'S OWN SIGNATURE: Mrs. Percy Bartlett ADDRESS

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Occlusion	3 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	6 years
DUE TO (c)	Diabetes Mellitus	10 years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Osteo-Arthritis	10 years

2608

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1961, *to* 1-2, 1967, *that I last saw the deceased alive on* 1-2, 1967, *and that death occurred at* 9:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith (Degree or title) MD

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 1-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 5, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan 20, 1967

REGISTRAR'S SIGNATURE: Faylis Y. Nicholetts

25. EMBALMER: L. G. Moon, Jr. LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 144
Local Reg. No. 10
Reg. Dist. No. 110

Certificate of Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Cutler

4. DATE OF DEATH (Month) (Day) (Year): Jan 8 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: May 14, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Clark Cutler — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Evan Fikes — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-2967 A
17. INFORMANT'S OWN SIGNATURE: Elvira Bresnahan — ADDRESS:

18. CAUSE OF DEATH 5271
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1960, *to* Jan 8, 1967, *that I last saw the deceased alive on* Jan 7, 1967, *and that death occurred at* 12:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. V. Mauenau 327 — (Degree or title): MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 1-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1967
REGISTRAR'S SIGNATURE: Chyssis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 145
Local Reg. No. 18
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 — FEB 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Sandpoint — Bureau of Vital Statistics — LENGTH OF STAY (in this place): 22 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 — b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 510 Pine

3. NAME OF DECEASED (Type or Print): a. (First) William — b. (Middle) W. 039 — c. (Last) Deroshia

4. DATE OF DEATH: (Month) Jan (Day) 11 (Year) 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 25, 1878

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): County employee 68

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Deroshia — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Elizabeth — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-8111

17. INFORMANT'S OWN SIGNATURE: Myrtle Deroshia by [illegible] Moon Jr — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Sclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): c hemorrhage — 3 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive Degenerative Disease 6 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1958, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 11, 1967, *and that death occurred at* 12:10 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 387 [signature] MD — **23b. ADDRESS**: Sandpoint Ida — **23c. DATE SIGNED**: 1-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan 14, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinecrest — **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan 23 1967 — **REGISTRAR'S SIGNATURE**: Faylles G. Tibbetts

25. EMBALMER: L. C. Moon, Jr. — **LICENSE NO.**: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service — Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 146
Local Reg. No. 14
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

BIRTH NO. 3-01

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1001 N. 5th

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner Ceneral Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mary	829	Cook	Jan. 14 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
F	W	Married 3	June 8, 1922	44		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	------	Unobtainable	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	Unobtainable	x Irene Cook	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Coma~~ Acute Left Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Liver Cirrhosis Ascites — 1 yr (Known)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Long History of Vodka Consumption

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 66, *to* Jan 13, 1967, *that I last saw the deceased alive on* Jan 13, 1967, *and that death occurred at* 2 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	514 N. 3rd St Sandpoint Ida	Feb 2 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 19, 1967	Bonner County	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 27 1967	Gaylis G. Willetts	L. G. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 147
Local Reg. No. 13
Reg. Dist. No. 110

BIRTH NO.

FEB 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner 091 3-24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Lavada
b. (Middle): 039
c. (Last): Lawrence

4. DATE OF DEATH (Month) (Day) (Year): January 15 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 19, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Upton — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Laura Ann Carter — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-7586
17. INFORMANT'S OWN SIGNATURE: Laura A. Cheek by D Kincaid — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

294X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Polycythemia Rubra Vera — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1961, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 15, 1967, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Munson MD 382
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/19/67
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan 23, 1967
REGISTRAR'S SIGNATURE: Carollis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E405

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Moon Funeral Home

DUTIES:

FEB 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 148
Local Reg. No. 17
Reg. Dist. No. 118

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 909 Church

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jesse		Outhet	Jan	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	October 19, 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
General Labor 06		Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable		Unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Gilbert Outhet by L. G. Moon Jr.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Mins

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Generalized
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 16, 1967, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Charles H. Smith MD		Sandpoint Idaho	1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 25, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 31, 1967	Faylene G. Willetts	L. G. Moon, Jr.	e-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 149
Local Reg. No. 16
Reg. Dist. No. 110

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 3

1. PLACE OF DEATH
a. COUNTY: Bonner 091 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 8 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Mulvihill

4. DATE OF DEATH (Month) (Day) (Year): January 17 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 23, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Carlson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: ---- Swanberg — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-34-5457
17. INFORMANT'S OWN SIGNATURE: Lud Swanberg — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma Ovary — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypostatic Pneumonia

1750

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1958, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 17, 1967, *and that death occurred at* 11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Munson MD 382
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 1-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Jan 27 1967
REGISTRAR'S SIGNATURE: Phyllis G. Pelletier
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1967

FEB 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 150
Local Reg. No. 15
Reg. Dist. No. 110

RECEI

Certificate of Death

STATE OF IDAHO

BIRTH NO.

091 FEB 6 1967 3-26
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 908 Lake

3. NAME OF DECEASED (Type or Print)
a. (First): Morris
b. (Middle): F. 039
c. (Last): Laymon

4. DATE OF DEATH (Month) Jan (Day) 18 (Year) 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 16, 1905
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Bridge Foreman 10
10b. KIND OF BUSINESS OR INDUSTRY: GN Railway
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 517-03-6731
17. INFORMANT'S OWN SIGNATURE: Jessie F. Laymon by V Kinsard — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Liposarcoma of rt arm — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1964, *to* 1-18, 1967, *that I last saw the deceased alive on* 1-18, 1967, *and that death occurred at* 3:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J M Nacarian MD 327 (Degree or title)
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Jan 27, 1967
REGISTRAR'S SIGNATURE: Phyllis C. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 151
Local Reg. No. 18
Reg. Dist. No. 110

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 090
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): King Hotel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): James
c. (Last): Bryant

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 7/20/1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. S. Army, Retired
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Priest River Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 05: James Bryant — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Rosella Murry — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II & Korea
16. SOCIAL SECURITY NO.: 518 03 1872
17. INFORMANT'S OWN SIGNATURE Nicholas M Lamanna — ADDRESS: Priest River Ida.

18. CAUSE OF DEATH 44201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hemorrhaging ulcer, obesity, acute alcoholism — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry H. Tilson 583 Coroner
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 1/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/24/67
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Jan. 31, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: R. D. Sherman
LICENSE NO.: QL 749

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sherman Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 152
Local Reg. No. 21
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SAndpoint
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 506 N. 5th

3. NAME OF DECEASED (Type or Print): a. (First) Milford b. (Middle) Franklin 039 c. (Last) Grinolds

4. DATE OF DEATH: (Month) January (Day) 20 (Year) 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 1, 1886

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 17

10b. KIND OF BUSINESS OR INDUSTRY: Woods

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Grinolds BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Emma Shaw BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unobtainable

17. INFORMANT'S OWN SIGNATURE: Helen Grinolds by [illegible] ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arterio Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

331X

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-3- 66, *to* 1-20 67, *that I last saw the deceased alive on* 1-20 67, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. | **23b. ADDRESS**: 514 N. 3rd Sandpoint | **23c. DATE SIGNED**: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | **24b. DATE**: Jan 24, 1967 | **24c. NAME OF CEMETERY OR CREMATORY**: Lakeview | **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb 8 1967 | REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts | **25. EMBALMER**: L. G. Moon, Jr. | LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

FEB 1 8 1967

Bureau of Vital Statistics

State File No. 153
Local Reg. No. 20
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1215 Church 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 091 b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 1215 Church

3. NAME OF DECEASED (Type or Print) a. (First) Warren b. (Middle) W. c. (Last) Graham

4. DATE OF DEATH (Month) Jan. (Day) 26 (Year) 1967

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Aug. 28, 1881

9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Own Farm

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unobtainable BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unobtainable BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-18-2447 A

17. INFORMANT'S OWN SIGNATURE X Mrs George E Elliot ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 5 mun

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June, 1966 to Jan, 1967, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE Charles Hamer Jr (Degree or title)

23b. ADDRESS 514 N. 3rd St Sandpoint

23c. DATE SIGNED 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 30, 1967

24c. NAME OF CEMETERY OR CREMATORY Seneacquoteen

24d. LOCATION (City, town, or county) Bonner County (State) Idaho

DATE REC'D BY LOCAL REG. Feb 8, 1967

REGISTRAR'S SIGNATURE Phyllis H Willcutts

25. EMBALMER L. E. Moon, Jr.

LICENSE NO. E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6P021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 154
Local Reg. No. 19
Reg. Dist. No. 110

RECEIVED FEB 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle): D. 039
c. (Last): Davis

4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 28, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Cheboygan, Wsiconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Hopkins — BIRTHPLACE: Unbotainble
14. MOTHER'S MAIDEN NAME: Ida May Kelly — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-7819
17. INFORMANT'S OWN SIGNATURE: Lee Remsburg — ADDRESS: Sagle, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1966, *to* Jan 26, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* 4:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 327 Manenau MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb 8, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeal Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1967 Division of Vital Statistics

State File No. 155
Local Reg. No. 23
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kootenai
c. LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Inside Village Limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 501 Lake

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alma		Price	January	28	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed 2	May 7, 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Masseur 21	Steam Bath	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hampton H. Carter	Kentucky	Sarah McCormick	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unobtainable	✓ Hampton H. Breeding by L. C. Moon Jr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: same

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 66, 19__, *to* Jan 28, 19 67, *that I last saw the deceased alive on* Jan 10, 19 67, *and that death occurred at* 8:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
331	Sandpoint, Idaho	2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-7-67	Pinecrest	Sandpoint Bonner Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 13, 1967	Phyllis G. Tibbetts	L. C. Moon, Jr.	E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 156
Local Reg. No. 14
Reg. Dist. No. 610

BIRTH NO. 66-7025

RECEIVED FEB 8 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN: Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 335 Eagle Rock

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): [illegible]
c. (Last): Duncan Jr.

4. DATE OF DEATH (Month) (Day) (Year): Jan 1, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: July 11, 1966

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: [illegible] Days: 25 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: David Duncan — BIRTHPLACE: Rigby, Idaho

14. MOTHER'S MAIDEN NAME: Barbara Reynolds — BIRTHPLACE: Mason City, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs. David Duncan — ADDRESS: Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia, acute interstitial — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Thomas Mitchell (Degree or title): M.D

23b. ADDRESS: 780 Memorial Dr Idaho Falls Idaho

23c. DATE SIGNED: 1/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 4, 1967

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 26-1967

REGISTRAR'S SIGNATURE: Vera Burgess

25. EMBALMER: Leo A Williams — LICENSE NO.: E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 157
Local Reg. No. 3
Reg. Dist. No. 611

RECEIVED JAN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN Milo
LENGTH OF STAY (in this place) 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rte. #1 Idaho Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Bonneville
c. CITY OR TOWN Milo
d. STREET ADDRESS (If rural, give location) Rte. #1 Idaho Falls

3. NAME OF DECEASED (Type or Print) a. (First) EVA b. (Middle) RUTH c. (Last) WILMOT

4. DATE OF DEATH (Month) (Day) (Year) January 2, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 16, 1900
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Draper, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Price BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Ellin Joyce BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-22-0296
17. INFORMANT'S OWN SIGNATURE Ted Wilmot Rte #1 ADDRESS Idaho Falls, Ida

331X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 5 Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 1954, *to* May 1, 1966, *that I last saw the deceased alive on* May 2, 1966, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Clifford B. Rigby (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho.
23c. DATE SIGNED Jan. 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Ida

DATE REC'D BY LOCAL REG. Jan. 9-1967
REGISTRAR'S SIGNATURE Irma Rudges
25. FUNERAL DIRECTOR & ADDRESS Bruce A. Eckersell Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48022

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 4 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho. on 1/2/1967

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 158
Local Reg. No. 2
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JAN 19 1967

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY (In this place) Bureau of Census 600
d. FULL NAME OF HOSPITAL OR INSTITUTION Greenview Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville 101
c. CITY OR TOWN Idaho Falls
d. STREET ADDRESS (If rural, give location) Greenview Chalet

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	H.	WEBSTER	January 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	July 22, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
fireman, ret. 10	railroad	Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Webster	Ohio	Luella Craig	Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no none	518-20-5322A	X E. B. Webster	Dubois, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1957, 19___, *to* 12-27, 1966, *that I last saw the deceased alive on* 12-27, 1966, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	8255 Blvd Idaho Falls, Idaho	1-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan 7, 1967	Dubois Cemetery	Dubois, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 9-1967	Anna Rudges	C. M. Mallard	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 19 1967 Bureau of Vital Statistics

State File No. 159
Local Reg. No. 4
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN Idaho Falls
STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital Geriatrics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN Annis
d. STREET ADDRESS (If rural, give location) Rte. #1 Lorenzo

3. NAME OF DECEASED (Type or Print) a. (First) JACOB b. (Middle) ANTONE 042 c. (Last) DUFFY

4. DATE OF DEATH (Month) (Day) (Year) January 3, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 15, 1880
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Arcadia, Wisconsin.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jacob A. Duffy BIRTHPLACE ?
14. MOTHER'S MAIDEN NAME Helen Reuther BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-42-9109
17. INFORMANT'S OWN SIGNATURE Margaret Lemmon ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — 4 yrs.

DUE TO (c) Cerebral Embolism + Stroke — 10 months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Carcinoma — 8 months

19a. DATE OF OPERATION May 1966
19b. MAJOR FINDINGS OF OPERATION Carcinoma - Ascending colon -
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 26, 1966, *to* Jan 3, 1967, *that I last saw the deceased alive on* Jan. 2, 1967, *and that death occurred at* 7:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall, 522 (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 1/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/6/1967
24c. NAME OF CEMETERY OR CREMATORY Little Butte
24d. LOCATION (City, town, or county) (State) Annis Jefferson Idaho

DATE REC'D BY LOCAL REG. Jan 9 1967
REGISTRAR'S SIGNATURE Emma Bridges
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-480.2

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 1/3/1967

ADDITIONAL REMARKS by Physician .....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECE

Certificate of Death

STATE OF IDAHO

State File No. 160
Local Reg. No. 5
Reg. Dist. No. 6/0

BIRTH NO.

JAN 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 101

a. COUNTY: Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 23 Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 280 10th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 280 10th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elmer	Edward	Schmid	January 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	October 13, 1908	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 10	City of Idaho Falls 01	Shelby, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George M. Schmid	Germany	Bertha N.	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 10 1249	Ronald Schmid	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

463X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS, MASSIVE — INTERVAL BETWEEN ONSET AND DEATH: ALMOST IMMEDIATE.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) RECENT SMALLER EMBOLI OCCURRED (SEEN BY X-RAY) — 2 WEEKS

DUE TO (c) THROMBOPHLEBITIS, LEG VEINS

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. HERNIATED DISC, L-5:S-1 (CLINICAL DX.) ARTERIOSCLEROSIS, MILD TO MODERATE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	CORONARY ARTERIES AND GENERALIZED	YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NONE		BONNEVILLE Co. IDAHO FALLS, IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCoccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel L. McGaffey, M.D.	2525 So Boulevard	1/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/6/67	Monarch Memory Gardens	Bonneville County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 12-'67	Emma Rudges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-630-2

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Elmer Edward Schmid

now lying buried in Monarch Memory Gardens Cemetery, in the City or Town of Idaho Falls

County of Bonneville State of Idaho, who died on the 4th day of January, 1967, Aged ____years ____months

____days, the cause of death being Pulmonary embolus and not directly or indirectly by diphtheria;(membranous croup);scarlet fever;smallpox;leprosy;asiatic cholera;typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Dr. McGaffey, M.D. attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by private
private or railway conveyance

to Fielding Memorial Cemetery in the City or Town of Idaho Falls County of Bonneville

State of Idaho to take effect upon the approval by the local board of health of the City, Town, or County of

Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 14th day of June, A.D. 1974.

Permit issued to:
Wood Funeral Home
273 North Ridge
Idaho Falls, Idaho 83401

Janet M. Wick
by Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of ____ State of Idaho, this ____ day of ____, 19__.

Health Officer

FORM BH 56-019

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 161
Local Reg. No. 6
Reg. Dist. No. 610

RECEIVED JAN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 yr. 9mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Extensive Care Unit 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
d. STREET ADDRESS (If rural, give location): 128 East Elva

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): B.
c. (Last): Burke

4. DATE OF DEATH (Month) (Day) (Year): January 6 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 26, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Wilson Co. Tennessee
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Monroe Burke — BIRTHPLACE: Tenn
14. MOTHER'S MAIDEN NAME: Fanny Trout — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 07 4883
17. INFORMANT'S OWN SIGNATURE: Mrs Norman E Conan — ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): disease.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thos Holt 210 Mg
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 1/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/67
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county): Iona (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 12-'67
REGISTRAR'S SIGNATURE: Anna Budger
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 11 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUL 30 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 162
Local Reg. No. 7
Reg. Dist. No. 610

67-252

RECEIVED JAN 26 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho FAlls
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1751 Shasta St.

3. NAME OF DECEASED (Type or Print)
a. (First): INFANT
b. (Middle): BOY
c. (Last): MITRO

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Jan. 5, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 6 Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen J. Mitro
BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Stewart
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Stephen J. Mitro
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7615

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 6½ hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity with Marked Immaturity — 6½ hours
DUE TO (c) Abruptio Placenta

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1967, *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 1:17 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mel W. Davis MD 133
23b. ADDRESS: 9th + Oxford Idaho Falls Idaho
23c. DATE SIGNED: 1/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20-67
REGISTRAR'S SIGNATURE: Anna Beedjee
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 163
Local Reg. No. 22
Reg. Dist. No. 610

Certificate of Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadore
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Glen b. (Middle) Grover c. (Last) Tucker

4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH 12-20-1885
9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) store keeper 22
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ridgway, Penn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Chester S. Tucker BIRTHPLACE Penn./
14. MOTHER'S MAIDEN NAME Hannah Solberg BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Mrs. Willa Eaton ADDRESS Leadore, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 578X Urinary Tract Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 3 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. G.I. Tract Hemorrhage — Fur Hems

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Gordon W. Reynolds 436 (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-10-67
24c. NAME OF CEMETERY OR CREMATORY Salmon
24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. Feb 6-1967
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER A. W. Modland
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 164
Local Reg. No. 23
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101

a. COUNTY: Bonneville 2-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): 4 mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 128 1/2 E. 13th St.

3. NAME OF DECEASED (Type or Print)

a. (First): JAMES

b. (Middle): HOWARD

c. (Last): ROBBINS

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 1, 1966

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days 8; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02

10b. KIND OF BUSINESS OR INDUSTRY: infant

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Albert Robbins — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Sonja Sue Hunsicker — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: J. H. Robbins — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on 1/9, 1967 and that death occurred at 10:00 P m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 339 (Degree or title)

23b. ADDRESS: [signature]

23c. DATE SIGNED: 1/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 13, 1966

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1967

REGISTRAR'S SIGNATURE: Anna Bredgier

25. EMBALMER: R. N. Modlind

LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

JAN 26 1967

Bureau of Vital Statistics

State File No. 165
Local Reg. No. 8
Reg. Dist. No. 616

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 2 Box 306 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 102
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route #2 Box 306

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ada	Mae	Gneiting	January 9 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	September 14, 1894	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Mounan, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest S. Hicks	USA	Emma Adell Innes	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	[signature]	Blackfoot, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary Heart Disease — 1 month

DUE TO (c) Arteriosclerotic Heart Disease — 5 years +

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis + Hypertension — years

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Sept. *, 1964, to* Jan. 9 *, 1967, that I last saw the deceased alive on* Jan 9 *, 1967, and that death occurred at* 1:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, Sr.	M.D.	Rigby, Idaho	1/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/13/67	Grant Central Cemetery	Grant Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 18-1967	[signature]	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB - 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 166
Local Reg. No. 11
Reg. Dist. No. 616

Certificate of Death

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Hall
c. (Last): Walker

4. DATE OF DEATH (Month) (Day) (Year): January 10 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: June 1, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Washington, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Stephen Walker — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Jane Hall — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknwon
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 147X Carcinoma of hypopharynx — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April '66
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of hypopharynx
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1966, *to* 1-10, 1967, *that I last saw the deceased alive on* 1-10, 1967, *and that death occurred at* 4 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: F. L. Hansen 200 (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1/13/67
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Jan. 21-67
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 167
Local Reg. No. 24
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 mi. So. of Cotton Siding

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 100
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1 mi. So. of Cotton Siding

3. NAME OF DECEASED (Type or Print)
a. (First) CATHERINE
b. (Middle) (nmi)
c. (Last) THIEL

4. DATE OF DEATH (Month) (Day) (Year) January 11, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Mar. 9, 1882
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 0
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter Bruer — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Catherine Haas — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-60-6891
17. INFORMANT'S OWN SIGNATURE X Harry Thiel — ADDRESS Idaho FAlls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-25, 1966, *to* 1-11-, 1967, *that I last saw the deceased alive on* 1-3-, 1967, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE J. McMillan 348 (Degree or title) MD.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 14, 1966
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. Feb. 6-1967
REGISTRAR'S SIGNATURE Anna Bredger
25. EMBALMER R. M. Modland
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 168
Local Reg. No. 12
Reg. Dist. No. 610

RECEIVED JAN 26 1967 Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (101)
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (If outside corporate limits or length of residence): 48 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Extended Care Unit

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (03)
b. COUNTY: Bannock (041)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 426 East Bonneville

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle): Elle
c. (Last): Field

4. DATE OF DEATH: January 11 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 11, 1881
9. AGE (In years last birthday): 86 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Harrisville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles C. Randall — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Harriett L. Woodhead — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknwon
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (4200)
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 15 yrs
DUE TO (c): Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* April, 1966, *to* 1/11, 1967, *that I last saw the deceased alive on* 1/11, 1967, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Rigby Idaho
23c. DATE SIGNED: 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/67
24c. NAME OF CEMETERY OR CREMATORY: Grant Central Cemetery
24d. LOCATION (City, town, or county) (State): Grant, Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: Jan. 21-'67
REGISTRAR'S SIGNATURE: Lena Budge
25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 169
Local Reg. No. 17
Reg. Dist. No. 610

RECEIVED
FEB 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10/ 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 42

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10/
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 350 Hill

3. NAME OF DECEASED (Type or Print): a. (First) Maud b. (Middle) c. (Last) Carter

4. DATE OF DEATH: (Month) January (Day) 11 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 27, 1884
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Thistle Valley, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Elias Gardner — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Lauraette Staples — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: William C Carter — ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asteriosclerotic heart disease — Many years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Nov., 1964, *to* 11 Jan., 1967, *that I last saw the deceased alive on* 11 Jan., 1967, *and that death occurred at* 7:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Kim O. Johnson (Degree or title) MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 31 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/67
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county) (State): Ammon Idaho

DATE REC'D BY LOCAL REG.: Feb 1 '67
REGISTRAR'S SIGNATURE: Anna Budge
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 21 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 170
Local Reg. No. 9
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonneville
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 514 South Capital

3. NAME OF DECEASED (Type or Print)
a. (First): Della
b. (Middle):
c. (Last): Bagshaw

4. DATE OF DEATH (Month) (Day) (Year): Jan 12, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 7, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 9, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver, m Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Moyes — BIRTHPLACE: South Wales
14. MOTHER'S MAIDEN NAME: Eliza Slater — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Walter H Bagshaw — ADDRESS:

18. CAUSE OF DEATH 5870
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic pancreatitis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obstruction of Transverse Colon

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep 21, 1964, *to* Jan 12, 1967, *that I last saw the deceased alive on* Jan 3, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 556 (Degree or title): Byron T Weeks MD
23b. ADDRESS: 1585 So Boulevard, Idaho Falls
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 20-67
REGISTRAR'S SIGNATURE: Anna Budjee
25. EMBALMER: Leo A. Williams — LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Williams Funeral Home
Williams

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK INK under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 171
Local Reg. No. 25
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 187 - 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): MAE
c. (Last): HANSON

4. DATE OF DEATH (Month) (Day) (Year): January 13, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Apr. 5, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): treasurer, ret. 08
10b. KIND OF BUSINESS OR INDUSTRY: municipal govt.
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Michael J. McCune — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Delphine (no record) — BIRTHPLACE: no recored

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-36-3436A
17. INFORMANT'S OWN SIGNATURE: x Fea George — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20-, 1955, *to* 1-13-, 1967, *that I last saw the deceased alive on* 1-12-, 1967, *and that death occurred at* 2:25A. *m., from the causes and on the date stated above.*

23a. SIGNATURE 348 John S McMillin MD (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1967
REGISTRAR'S SIGNATURE: Anna Budgen
25. EMBALMER: [signature]
LICENSE NO.: E=468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 172
Local Reg. No. 26
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Huston Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOE
b. (Middle): (unknown)
c. (Last): KUSHMIDER

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify): unknown 0
8. DATE OF BIRTH: unknown
9. AGE (In years last birthday): about 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): building destruction
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): unknown
12. CITIZEN OF WHAT COUNTRY? unknown

13. FATHER'S NAME: unknown 06
BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 533-14-4798
17. INFORMANT'S OWN SIGNATURE: Police Records R.W.M.
ADDRESS: Idaho FAlls, Idaho

18. CAUSE OF DEATH 8254
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with intracranial hemorrhage and subdural hematoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 19 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): car
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 04
21c. (CITY, TOWN, OR TOWNSHIP) 101 (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 19 67, *to* 1-14, 19 67, *that I last saw the deceased alive on* 1-14, 19 67 *and that death occurred at* 1:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 156 (Degree or title): [signature]
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 20, 1966
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 6-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 173
Local Reg. No. 13
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
JAN 26 1967

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: in route from home to hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Bonneville
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): 313 North Water

3. NAME OF DECEASED (Type or Print): a. (First) Clifford b. (Middle) Earl c. (Last) Paris

4. DATE OF DEATH: (Month) January (Day) 15 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: May 21, 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist
10b. KIND OF BUSINESS OR INDUSTRY: Service Station
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Paris — BIRTHPLACE: Greece
14. MOTHER'S MAIDEN NAME: Marie Zakel — BIRTHPLACE: Hungary

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Virginia Paris — ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 19, 1966, *to* Jan 15, 1967, *that I last saw the deceased alive on* Jan 2, 1967, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron Weeks M D
23b. ADDRESS: 1585 S. Boulevard
23c. DATE SIGNED: 1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/18/67
24c. NAME OF CEMETERY OR CREMATORY: American Falls Cemetery
24d. LOCATION (City, town, or county) (State): American Falls Idaho

DATE REC'D BY LOCAL REG.: 1-21-67
REGISTRAR'S SIGNATURE: Anna Budge
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 174
Local Reg. No. 10
Reg. Dist. No. 644

BIRTH NO.

1. PLACE OF DEATH 101 JAN 26 1967 Bureau of Vital Statistics

a. COUNTY Bonneville

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls

c. LENGTH OF STAY (in this place) 7 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1080 Bingham Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho 101 b. COUNTY Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls

d. STREET ADDRESS (If rural, give location) 1080 Bingham Ave.

3. NAME OF DECEASED (Type or Print) a. (First) DON b. (Middle) JUNIOR c. (Last) SIMS

4. DATE OF DEATH (Month) (Day) (Year) January 15, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Jan. 27, 1927

9. AGE (In years last birthday) 39 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) manager 26

10b. KIND OF BUSINESS OR INDUSTRY service station

11. BIRTHPLACE (State or foreign country) Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Peter R. Sims BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Edna Conroy BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes 1 (If yes, give war or dates of service) W.W. II 4

16. SOCIAL SECURITY NO. 517-26-3667

17. INFORMANT'S OWN SIGNATURE x Mary Sims ADDRESS Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombus, acute, anterior descending

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) branch, left coronary artery

DUE TO (c) Arteriosclerosis, coronary arteries

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at A m., from the causes and on the date stated above.*

23a. SIGNATURE A. Mitchell 746 M.D. (Degree or title)

23b. ADDRESS LDS Hospital Idaho Falls Idaho

23c. DATE SIGNED 1/19/66

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1

24b. DATE Jan. 18, 1966

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) Idaho Falls, Idaho (State)

DATE REC'D BY LOCAL REG. Jan. 20-67

REGISTRAR'S SIGNATURE Anna Bridges

25. EMBALMER R. W. Modlin

LICENSE NO. E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral HOme

DUTIES:

JAN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 6 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 20 1967

MAR 17 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 175
Local Reg. No. 75
Reg. Dist. No. 610

RECEIVED FEB 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101 3-01
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 562 Terrace Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Lisa
b. (Middle): Jane 042
c. (Last): Hinckley

4. DATE OF DEATH (Month) (Day) (Year): January 18 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 6, 1964
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Darrell Glen Hinckley — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Leila Myler — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Darrell G. Hinckley — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH 491X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH: 30 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/17/67
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/17, 1967, *to* 1/18, 1967, *that I last saw the deceased alive on* 1/18, 1967, *and that death occurred at* 2 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thel W Davis MD 133
23b. ADDRESS: 9th & Opford Idaho Falls Idaho
23c. DATE SIGNED: 1/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/21/67
24c. NAME OF CEMETERY OR CREMATORY: Lewisville Cemetery
24d. LOCATION (City, town, or county) (State): Lewisville Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: Jan. 27-1967
REGISTRAR'S SIGNATURE: Anna Budgen
25. EMBALMER: Ralph M. Wood Ralph M Wood
LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 176
Local Reg. No. 16
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 285 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Guy
b. (Middle): H. 042
c. (Last): Simpson

4. DATE OF DEATH (Month) (Day) (Year): January 19 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 12, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Policeman 08
10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement
11. BIRTHPLACE (State or foreign country): Parker, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Simpson — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Rose G. Grover — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 516 12 1617A
17. INFORMANT'S OWN SIGNATURE: Juanita Simpson — ADDRESS: Idaho Falls

18. CAUSE OF DEATH 4300
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heartdisease
DUE TO (c) and atrial fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2. Emphsema 3. Acute urinary retention

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls Bonneville Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1957, to 1-18, 1967, that I last saw the deceased alive on 1-18, 1967, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X R Blair Edmonds 157
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1/21/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 27-'67
REGISTRAR'S SIGNATURE: Anna Bredger
25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 2 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 177
Local Reg. No. 18
Reg. Dist. No. 616

Certificate of Death

RECEIVED FEB 8 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 410 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): C. 042
c. (Last): Sparks

4. DATE OF DEATH (Month) (Day) (Year): January 21 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 22, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Sparks, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert William Sparks — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Minerva Z. Thompson — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518 30 4119A
17. INFORMANT'S OWN SIGNATURE: Frank Sparks — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4200 Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral Arteriosclerosis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 12, 1960, *to* 1-21, 1967 *that I last saw the deceased alive on* 1-21, 1967, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. C. Warden 546
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 1/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/67
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1-'67
REGISTRAR'S SIGNATURE: Anna Budgen
25. EMBALMER: Ralph M. Wood — Ralph M. Wood — LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 178
Local Reg. No. 20
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) East Main

3. NAME OF DECEASED (Type or Print) a. (First) KATE b. (Middle) PARRY c. (Last) SKALET

4. DATE OF DEATH (Month) Jan., (Day) 23 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow

8. DATE OF BIRTH Jan., 19, 1884

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. Ives, Huntingtonshire, Eng.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herbert F. Parry
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Kate King
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-07-6793

17. INFORMANT'S OWN SIGNATURE James E. Skalet
ADDRESS St. Anthony, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 X Cerebral Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 3 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Jan 21, 1967, *that I last saw the deceased alive on* Jan 20, 1967, *and that death occurred at* 12:10 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bryant Weeks MD
23b. ADDRESS 1585 So. Boulevard
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 25 January 67
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD, Idaho

DATE REC'D BY LOCAL REG. Feb. 4-1967
REGISTRAR'S SIGNATURE Anna Budge

25. EMBALMER M L Hansen
LICENSE NO. E-354
FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 179
Local Reg. No. 19
Reg. Dist. No. 616

RECEIVED FEB 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101 000
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101 b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 425 Garfield St.

3. NAME OF DECEASED (Type or Print): a. (First) JON b. (Middle) ALBERT c. (Last) BOLINDER

4. DATE OF DEATH (Month) (Day) (Year): Jan 25, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: May 12, 1895

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months: 8 Days: 13 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 57

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Torsby, Sweden

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jon Bolinder — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Ingeborg Olsson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): War 1

16. SOCIAL SECURITY NO.: 432 01

17. INFORMANT'S OWN SIGNATURE ADDRESS: John E. Bolinder

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~May~~ 4 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 8, 1958, *to* Nov. 28, 1966, *that I last saw the deceased alive on* Nov. 28, 1966, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard J. Bingham MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb 1-1967

REGISTRAR'S SIGNATURE: Lena Rudyce

25. EMBALMER: Leo A. Williams — LICENSE NO.: E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-630a

FEB 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 180
Local Reg. No. 270
Reg. Dist. No.

BIRTH NO.

RECEIVED FEB 23 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1271 East 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): Marjorie
b. (Middle): 042
c. (Last): Ballard

4. DATE OF DEATH: (Month) January (Day) 26 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 19, 1910
9. AGE (In years last birthday): 56 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rockland, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jared Peck — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Daisy Hunter — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Virgil Ballard — ADDRESS: 1271 E 21

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4168

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1-, 1964, *to* 1-26, 1967, *that I last saw the deceased alive on* 1-26-, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S McMillan 348 (Degree or title) MD
23b. ADDRESS: 550 Fourth St.
23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/67
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 7-1967
REGISTRAR'S SIGNATURE: Verna Rudges
25. EMBALMER: Ralph M. Wood Ralph M Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630-24

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

58537

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

State File No. 181
Local Reg. No. 29
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 711 Saturn

3. NAME OF DECEASED (Type or Print)
a. (First): DANIEL
b. (Middle): ENOCH
c. (Last): DANIELSON

4. DATE OF DEATH (Month) (Day) (Year): Jan 27, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 29, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months 7, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gamleby, Kalmar Co. Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Carl Danielson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Helena Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl R. Danielson — ADDRESS: 711 Saturn Ave

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 20, 1961, *to* Jan. 27, 1967, *that I last saw the deceased alive on* Jan. 22, 1967, *and that death occurred at* 1:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 294 L.K. Krantz (Degree or title): L.K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: 2/ /67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7 1967
REGISTRAR'S SIGNATURE: Laura Budger
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 182
Local Reg. No. 21
Reg. Dist. No. 618

RECEIVED FEB 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 540 No. Boulevard 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 221
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): Bremer Building

3. NAME OF DECEASED (Type or Print): a. (First) OSCAR b. (Middle) J. c. (Last) MULLINNEX

4. DATE OF DEATH (Month) (Day) (Year): Jan., 27, 1967

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 23, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wilford (St. Anthony RFD#1)
12. CITIZEN OF WHAT COUNTRY? Idaho USA

13. FATHER'S NAME: Horace Mullinnex — BIRTHPLACE: New York, New York
14. MOTHER'S MAIDEN NAME: Ida May Pope — BIRTHPLACE: Correctionville, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Sarah M. Hunt — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

733X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgery for fractured hip
DUE TO (c) Osteoporosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Wendell L Nielsen MD 390 (Degree or title)
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 31 Jan 67
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#2, Idaho

DATE REC'D BY LOCAL REG.: Feb. 4-1967
REGISTRAR'S SIGNATURE: Anna Bridger
25. EMBALMER: M L Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 183
Local Reg. No. 29
Reg. Dist. No. 610

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 185 South Ridge Ave

3. NAME OF DECEASED (Type or Print): a. (First) Alvin b. (Middle) LeRoy c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year): January 27 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 10, 1912

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Enid, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Albert Taylor — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Maude — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 44 45

16. SOCIAL SECURITY NO.: 519 07 2638

17. INFORMANT'S OWN SIGNATURE: Mrs. Belva E. Taylor — ADDRESS: Idaho Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriolo-nephrosclerosis — 6 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — Unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Jan 27, 1967, *that I last saw the deceased alive on* Jan 26 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard J. Bingham MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/30/67

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 9-1967

REGISTRAR'S SIGNATURE: Lena Bridges

25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 184
Local Reg. No. 30
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 62 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 560 - 12th St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 560 - 12th St.

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): ELIZABETH
c. (Last): CARLSON

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Apr. 12, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: DAniel S. Martin — BIRTHPLACE: New Jersey
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Porter — BIRTHPLACE: Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs A E Heslop — ADDRESS: Idaho FAlls, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Certain sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-1 *19*66, *to* 1-29, *19*67, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 3:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 546 (Degree or title) MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 2/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 10-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 5 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

WORKS M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

FEB 23 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 185
Local Reg. No. 31
Reg. Dist. No. 610

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY: Bonneville 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall Indian Reservation
d. STREET ADDRESS (If rural, give location): Lincoln Creek

3. NAME OF DECEASED (Type or Print): a. (First) Nina b. (Middle) c. (Last) Tavashee

4. DATE OF DEATH: (Month) Jan. (Day) 31, (Year) 1967

5. SEX: female

6. COLOR OR RACE: American Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 6, 1901

9. AGE (In years last birthday): 66 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 07

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Washakie, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Not known
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Not Known
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mavis Clay ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9369 Subdural hematoma — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) head injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-4-67

24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery

24d. LOCATION (City, town, or county) (State): Gibson, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb. 10-1967

REGISTRAR'S SIGNATURE: Irene Rodgers

25. EMBALMER: Howard Packham LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 186
Local Reg. No. 1-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JAN 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): 131 Mohawk

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EFFIE	MAY	McCOMAS	January 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 2	Sept. 15, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Homemaking	Linden, Missouri	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph J. Broadhurst	MISSOURI	Maggie A. Johnson	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	E. M. McComas	Bonners Ferry Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease 4200	10 yrs +
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile debility	2 mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
NO		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NO		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
NO m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/15, 1966, *to* 1/6, 1967, *that I last saw the deceased alive on* 1/6, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Bonners Ferry	1/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/9/67	Grandview Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 14, 1967	[signature]	[signature]	E-453

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hillcrest Memorial Chapel

DUTIES:

JAN 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 187
Local Reg. No. 3-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JAN 18 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Boundary 110 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110 b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Drawer #I

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) CHARLES c. (Last) ASCHENBRENNER

4. DATE OF DEATH (Month) (Day) (Year) January 8, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 28, 1887

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Endicott, Washington

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Phillip Aschenbrenner BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Catherine Ochs BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-42-5280

17. INFORMANT'S OWN SIGNATURE Mrs. Clyde G. Dudley ADDRESS Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pneumonia

DUE TO (c) Recurrent Cerebral Stroke

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3348

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* 1/8, 1967, *that I last saw the deceased alive on* 1/8, 1967, *and that death occurred at* 8:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS Bonners Ferry Ida

23c. DATE SIGNED 1/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/12/67

24c. NAME OF CEMETERY OR CREMATORY Endicott Cemetery

24d. LOCATION (City, town, or county) Endicott (State) Washington

DATE REC'D BY LOCAL REG. Jan. 14, 1967

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER [signature]

LICENSE NO. E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 2 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 188
Local Reg. No. 5-67
Reg. Dist. No. 100

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): 312 Clara Street

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): ALICE
c. (Last): LANDON

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 22, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: George Bailey — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Arvilla Rhodes — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-60-4859
17. INFORMANT'S OWN SIGNATURE: Musette M. Heideman — ADDRESS: Bonners Ferry, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis — year
DUE TO (c): Senility — year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Had preliminary ... 1966

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/27, 1966, *to* 1/17, 1967, *that I last saw the deceased alive on* 1/17, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dunne 150 MD
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/20/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Jan. 25, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Charles [signature]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 189
Local Reg. No. 4-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 30 1967 Bureau of Vital Stat.

BIRTH NO.

1. PLACE OF DEATH 110 3-05
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #304

3. NAME OF DECEASED (Type or Print)
a. (First): PERLEY
b. (Middle): HIRAM
c. (Last): WHEELER

4. DATE OF DEATH (Month) (Day) (Year): January 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 16, 1892
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 08
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Monmouth, Maine
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Albert Wheeler — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Alice Hall — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 518-12-4315
17. INFORMANT'S OWN SIGNATURE: Mrs Mathew [illegible] Moses Lake, Wn. — ADDRESS

18. CAUSE OF DEATH 337X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A. — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* 1/17, 1967, *that I last saw the deceased alive on* 1/17, 1967, *and that death occurred at* 7:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 153 (Degree or title): MD
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 1/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 1/21/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 22, 1967
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: [illegible]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 4 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 190
Local Reg. No. 6-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary (110) — FEB 3 1967 — 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital (047)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (110) — b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #663

3. NAME OF DECEASED (Type or Print): a. (First) LIBBIE — b. (Middle) (NONE) — c. (Last) ROBINSON

4. DATE OF DEATH: (Month) (Day) (Year): January 26, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: October 24, 1886

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (07)

10b. KIND OF BUSINESS OR INDUSTRY: Homemaking

11. BIRTHPLACE (State or foreign country): Howard County, Missouri

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Robert Gray — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Julia Perry — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-40-6504

17. INFORMANT'S OWN SIGNATURE: Ethel R. Eddy — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (e)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro Vascular Accident (331X) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* 1/26, 1967, *that I last saw the deceased alive on* 1-26, 1967, *and that death occurred at* 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Fred W. Turner (150) (Degree or title) M.D. — **23b. ADDRESS**: Bonners Ferry Idaho — **23c. DATE SIGNED**: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1/30/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Moravia Cemetery — **24d. LOCATION** (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Jan. 31, 1967 — **REGISTRAR'S SIGNATURE**: Twyla Stone

25. EMBALMER: [signature] — **LICENSE NO.**: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 191
Local Reg. No. 7-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Nursing Wing 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): St. Michael's Indian Mission

3. NAME OF DECEASED (Type or Print)
a. (First): THERESA
b. (Middle): (NONE)
c. (Last): BIGHEAD

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1967

5. SEX: Female
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 15, 1866
9. AGE (In years last birthday): 101 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Bonners Ferry, Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Temo Slackeslama — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-9957T
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ASHI — [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 103 (Degree or title): [illegible]
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/2/67
24c. NAME OF CEMETERY OR CREMATORY: St. Michael's Mission
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 6, 1967
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: [illegible]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
JAN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 192
Local Reg. No. 1
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Butte 120 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) 139 Delores Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JENNIE
b. (Middle) VELMA
c. (Last) HEJTMANEK

4. DATE OF DEATH (Month) (Day) (Year) January 1, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 13, 1889
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Salina, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Matthew Kennedy
BIRTHPLACE Baltimore Co. Md.
14. MOTHER'S MAIDEN NAME Anne Hill
BIRTHPLACE New York State

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 517-12-8250
17. INFORMANT'S OWN SIGNATURE Thomas Hejtmanek
ADDRESS Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism — 5 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1965, *to* Jan 1, 1967, *that I last saw the deceased alive on* Jan 1, 1967, *and that death occurred at* 3:40p.m., *from the causes and on the date stated above.*

23a. SIGNATURE R L Barter MD 031 (Degree or title)
23b. ADDRESS Arco, Idaho
23c. DATE SIGNED 1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-7-67
24c. NAME OF CEMETERY OR CREMATORY Grace Hill Cemetery
24d. LOCATION (City, town, or county) (State) Perry, Oklahoma

DATE REC'D BY LOCAL REG. January 25 1967
REGISTRAR'S SIGNATURE Betty J. Marvel
25. EMBALMER E. H. Marvel
LICENSE NO. E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 193
Local Reg. No. 15
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 9days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): 1608 1st. St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Abbott
c. (Last): Hunt

4. DATE OF DEATH (Month) (Day) (Year): Jan 1 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 1, 1890
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months 4 Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emery Cline
BIRTHPLACE: Munsey, Ind.
14. MOTHER'S MAIDEN NAME: Hatty Abbott
BIRTHPLACE: Walla Walla, Wash

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-40-1672
17. INFORMANT'S OWN SIGNATURE: X Don Hunt
ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia from Chronic Nephritis — 7 yrs
DUE TO (c): ~~Arteriosclerotic C V Disease~~

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertensive & Arteriosclerotic CV Disease — 2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19, 1966, *to* 1-1, 1967, *that I last saw the deceased alive on* 12-31, 1966 *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 T C Horton MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Boise, A Ida

DATE REC'D BY LOCAL REG.: Jan. 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M B Shepherd
LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 194
Local Reg. No. 12
Reg. Dist. No. 366

Certificate of Death

RECEIVED JAN 17 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 1318 Everett, St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1318 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Carl son

4. DATE OF DEATH (Month) (Day) (Year): Jan. 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Dec. 7, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Ben Carlson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Elizabeth Gerald — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 520-14-9486
17. INFORMANT'S OWN SIGNATURE: x Emmett R. Knott — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C. Wesselman D. Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Vale Cemetery
24d. LOCATION (City, town, or county) (State): Vale, Oregon

DATE REC'D BY LOCAL REG.: 1-16-1967
REGISTRAR'S SIGNATURE: Eva Dakan
25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 195
Local Reg. No. 16
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 yr 11 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Darwin
b. (Middle): Lee 586
c. (Last): Broncho

4. DATE OF DEATH (Month) Jan. (Day) 3 (Year) 1967

5. SEX: male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: 9-10-64
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Ida Diggie Broncho — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox, A.R.T. — ADDRESS: Nampa

18. CAUSE OF DEATH 493X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: microcephaly

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14-65, 19__, *to* 1-3, 1967, *that I last saw the deceased alive on* 1-3-, 1967, *and that death occurred at* 1:17 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE $586 (Degree or title) M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3
24b. DATE: JAN. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: GIBSON CEMETERY
24d. LOCATION (City, town, or county) (State): BINGHAM COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: Jan. 19, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: PACKHAM FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 196
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
JAN 2 0 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): S.
c. (Last): Scroggins

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 17, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boyd, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Scroggins — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Melessa Shanes — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-14-7247A
17. INFORMANT'S OWN SIGNATURE: X Marguerite Paul — ADDRESS: New Plymouth Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Encephalopathy (b) + C.V.A.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic cerebral arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Bladder + Prostatic adenocarcinoma → II anemia of secondary nature

INTERVAL BETWEEN ONSET AND DEATH: a) years; b) 3-4 days; many years; about 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Ca of bladder + prostate as seen by Dr Arthur Dole of Caldwell Idaho June '65
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-, 1964, *to* Jan 2, 1967, *that I last saw the deceased alive on* Jan 1, 1967, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J.W. Kellogg 275 MD
23b. ADDRESS: 1201 S. Kimball Caldwell Idaho
23c. DATE SIGNED: 11 Jan '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 197
Local Reg. No. 11
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 JAN 17 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 401 Holly

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): C.
c. (Last): KING

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Febuary 18, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Pres. King Packing
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing
11. BIRTHPLACE (State or foreign country): Meridian Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. King 22 — BIRTHPLACE: Georgia
14. MOTHER'S MAIDEN NAME: Nancy Ellis — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 30 0764A
17. INFORMANT'S OWN SIGNATURE: Mildred King Dunn — ADDRESS: Seattle Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARDIAC INSUFFICIENCY

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): CORONARY INSUFFICIENCY GENERALIZED ARTERIOSCLEROSIS
DUE TO (c): OLD AGE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-24- *,* 1946 *, to* 1-3- *,* 1967 *, that I last saw the deceased alive on* 1-3- *,* 1967 *, and that death occurred at* 4:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 454 Jos Saltzer
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouse
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 5 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 198
Local Reg. No. 12
Reg. Dist. No. 362

RECEIVED JAN 17 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY CANYON 142 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 11 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 323 11th AVE. SOUTH EXT.

3. NAME OF DECEASED (Type or Print)
a. (First) LUDWICKA
b. (Middle) (nmn)
c. (Last) REISS

4. DATE OF DEATH (Month) (Day) (Year) JAN. 6, 1967

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH JUNE 25, 1881

9. AGE (In years last birthday) 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME-MAKER 01

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) AUSTRIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CHRISTIAN HEHN
BIRTHPLACE AUSTRIA

14. MOTHER'S MAIDEN NAME KATHERINE SAWER
BIRTHPLACE AUSTRIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-54-4576

17. INFORMANT'S OWN SIGNATURE & ADDRESS Martin Reiss NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5705

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestional Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 12 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown cause
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 27, 1966, *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 6, 1967, *and that death occurred at* 1:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Marion E Blough MD (Degree or title)

23b. ADDRESS NAMPA, IDAHO

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 1-10-67

24c. NAME OF CEMETERY OR CREMATORY CLOVERDALE MEMORIAL

24d. LOCATION (City, town, or county) (State) BOISE, IDAHO

DATE REC'D BY LOCAL REG. Jan. 14 1967

REGISTRAR'S SIGNATURE Jane Stack

25. EMBALMER M B Shepherd

LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 199
Local Reg. No.
Reg. Dist. No.

RECEIVED FEB 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY CANYON 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CALDWELL
c. LENGTH OF STAY (in this place) 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CALDWELL MEMORAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA, IDAHO
d. STREET ADDRESS (If rural, give location) 204 MEYER

3. NAME OF DECEASED (Type or Print)
a. (First) VIOLET
b. (Middle) R. 051
c. (Last) O'BRIEN

4. DATE OF DEATH (Month) JAN (Day) 8, (Year) 1967

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH Sept 22, 1893
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 3 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) ST. ELMO, COLORADO
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME ALBERT PETERSON — BIRTHPLACE SWEDEN
14. MOTHER'S MAIDEN NAME ANNE SCHULTZ — BIRTHPLACE FORT SCOTT, KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-2803A
17. INFORMANT'S OWN SIGNATURE * A E O'Brien — ADDRESS NAMPA, IDAHO

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 10 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Essential hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5-1958, *19*___, *to* 1-8-67, *19*___, *that I last saw the deceased alive on* 1-8-67, *19*___, *and that death occurred at* 3:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. Holden 250 MD (Degree or title)
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE JAN 12, 1967
24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) NAMPA, (State) IDAHO

DATE REC'D BY LOCAL REG. 1-30-1967
REGISTRAR'S SIGNATURE Lisa Lakes
25. EMBALMER [signature] B. Shepherd
LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 200
Local Reg. No. 17
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Star
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Catherine b. (Middle) D. c. (Last) Neal

4. DATE OF DEATH (Month) (Day) (Year) Jan. 8, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 1, 1903
9. AGE (In years last birthday) 63 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Diamondville, Wyoming
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John De Main — BIRTHPLACE France
14. MOTHER'S MAIDEN NAME Elizabeth E. Hankins — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 534-14-8190
17. INFORMANT'S OWN SIGNATURE Albert F. Duvall — ADDRESS Star

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerotic Vascular Disease
DUE TO (c) Diabetes Mellitus Type

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1954, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 7, 1967, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE Stanford O. Cross 115 (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-12-67
24c. NAME OF CEMETERY OR CREMATORY Star Cemetery
24d. LOCATION (City, town, or county) (State) Star, Idaho

DATE REC'D BY LOCAL REG. Jan. 19, 1967
REGISTRAR'S SIGNATURE Jane Stuck
25. EMBALMER Geo Jerrod
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 11 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 201
Local Reg. No. 13
Reg. Dist. No. 360

Certificate of Death

RECEIVED
JAN 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1518 Willow

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): 051
c. (Last): CHILDS

4. DATE OF DEATH (Month) 1 (Day) 8 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 5, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 2, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 06
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Nevada, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Neils Larson Denmark — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Christina Ottoson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 548-07-5806 A
17. INFORMANT'S OWN SIGNATURE: Mrs. Harry Gray — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive vascular disease — [illegible]
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/5/, 19 65, *to* 1/8, 19 67, *that I last saw the deceased alive on* Jan. 8, 19 67, *and that death occurred at* 4:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 275 (Degree or title): M. D.
23b. ADDRESS: 1201 S. Kimball, CaLDWELL, Idaho
23c. DATE SIGNED: Jan. 16 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/10/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-19-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff — LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 202
Local Reg. No. 18
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 CANYON 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA IDAHO
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 140 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL MELBA, IDAHO
d. STREET ADDRESS (If rural, give location) ROUTE # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MAMIE	E.	RANDALL	JAN	9	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	WIDOWED 2	JUNE 5, 1894	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE 01	DOMESTIC	MC CRACKEN, KANSAS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ENOCH NELSON	GRAYSON, VIRGINIA	ANN NELSON	GRAYSON, VIRGINIA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		WD302865 A	*Mrs Russ Page	MELBA, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12/19/66	abone	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12/10, 1966, *to* 1/9, 1967, *that I last saw the deceased alive on* 1/9, 1967, *and that death occurred at* 10:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. C. Taylor, 524, MD		619 Canyon Nampa	1/10/66

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	JAN. 12, 1967	KOHLERLAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 18, 1967	Jane Steck	[signature]	173

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 8 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 8 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 17 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 203
Local Reg. No. 9
Reg. Dist. No. 36-C

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 14 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hosp. 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 318 Chicago

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lee	Clark	Wright	Jan.	9	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	April 17, 1888	78	8	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stockman 04	Cattle	Parsons, Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Keene S. Wright	Kentucky	Leona Corkins	Indinia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		554-14-8215A	Lucille C Hutchcroft	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

33 IX

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~AC~~ CEREBRO VASCULAR ACCIDENTS — 1 year

DUE TO (c) GENERALIZED ARTERIOSCLEROSIS — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 31 Dec, 1966, *to* 9 Jan, 1967, *that I last saw the deceased alive on* 9 Jan, 1967, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
424 Donald Price, MD	Caldwell Ida	1/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
	Jan. 11, 67	Hillcrest Memorial Gardens	Canyon County	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-16-1967	Lena Peckham	Kenneth E Spence	E-[illegible]

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham Dakan Funeral Chapel Cald.

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 204
Local Reg. No. 13
Reg. Dist. No. 363

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

142 JAN 17 1967 1-07

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 273 N. 2nd

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Michael 052
c. (Last): Jarvis

4. DATE OF DEATH (Month) (Day) (Year): January 10 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: January 11, 1948
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 30
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Wilford Jarvis — BIRTHPLACE: Lehi, Utah
14. MOTHER'S MAIDEN NAME: Blanche Liljenquist — BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox ART — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3441

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 July, 1963, *to* 10 January 1967, *that I last saw the deceased alive on* 10 January, 1967, *and that death occurred at* 8:40a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 345 [signature] (Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip Jr.
LICENSE NO.:

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 205
Local Reg. No. 20
Reg. Dist. No. 363

RECEIVED JAN 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna Rural
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Homer		Davenport	Jan. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 1, 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer		Munden, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Davenport	Iowa	Margaret Graham	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-38-6930A	Frances D Davenport	Rt. 2 Kuna

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old Myocardial infarct

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* Jan 11, 1967, *that I last saw the deceased alive on* Jan 11, 19 67 *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Nampa Idaho	1/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-16-67	Kohlerown Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 29, 1967	[signature]	[signature]	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 24 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 206
Local Reg. No. 14
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JAN 2 01967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 140 CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Midway
c. LENGTH OF STAY IN THIS PLACE (If outside this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Blvd- Midway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 703-9th. Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MILDRED	T.	FARMER	January 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 7	Feb. 19, 1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher 12	Teaching	Elwood, Nebraska	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wade Tucker	OHIO	Cora Corder	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Samuel Stone	Westminster-Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Highway Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs - rt arm - hip & ankle. Fracture left leg and foot - Scalp lacerations

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE)
Accident	06 Highway near Midway School	Canyon - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
Jan 11 1967 3:30 p.m.		Hit by a car while in Cross walk.

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D Coroner	Nampa - Idaho	1-13-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 14, 1967	Greenleaf Cemetery	Greenleaf Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
January 18, 1967	Jane Steck	John F Alsip Jr.	E-361

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 207
Local Reg. No. 19
Reg. Dist. No. 362

BIRTH NO. 67-384

RECEIVED JAN 3 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Canyon 142 3-01
b. CITY OR TOWN Nampa
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Mercy Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Leisa	Marline	Jayo	Jan 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Jan. 11, 1967				12	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Eugene Jayo BIRTHPLACE Boise, Idaho
14. MOTHER'S MAIDEN NAME Lesile Timmons BIRTHPLACE Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Eugene Jayo ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anurysm — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) placental separation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 11, 19—, *to* Jan 12, 19 67 *that I last saw the deceased alive on* Jan 12, 19 67, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) John B Morrison MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Mt. Calvary
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 23 1967
REGISTRAR'S SIGNATURE Jane Stark
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 208
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED JAN 20 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 032
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): George's Rest Home 059

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 616½ Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First): Louisa
b. (Middle): E.
c. (Last): Townsend

4. DATE OF DEATH (Month) (Day) (Year): Jan. 12, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 19, 1862
9. AGE (In years last birthday): 104 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gregg — BIRTHPLACE: UNK
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: William W. Biggerstaff — ADDRESS: 122 Cleveland Caldwell, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15-56, 19__, *to* 1-11, 1967, *that I last saw the deceased alive on* 1-11, 1967, *and that death occurred at* 12:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. M. Kellogg 275 — (Degree or title): MD
23b. ADDRESS: 1201 S. Kimball Caldwell, Ida.
23c. DATE SIGNED: 16 Jan. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 1-19-1967
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 209
Local Reg. No. 21
Reg. Dist. No. 362

RECEIVED JAN 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 143
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Parkview Manor Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Mary 049
b. (Middle): Zelda
c. (Last): Clayton

4. DATE OF DEATH: (Month) Jan. (Day) 12, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	never married 7	Nov. 6, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Adair County, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Clayton — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Yerkes — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 323-28-6330
17. INFORMANT'S OWN SIGNATURE: Vincent Clayton — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4200

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart
DUE TO (c) Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parkinsonism

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1, 1959, *to* Jan 12, 1967, *that I last saw the deceased alive on* Jan 12, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.K. Mangum M.D. (Degree or title) 327
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 1/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemtery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Jan. 28, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard D. Mesenbrink
LICENSE NO.: E-487
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 210
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 211 East Ash 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Malhure
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordon Valley, Oregon
d. STREET ADDRESS (If rural, give location): Box 244

3. NAME OF DECEASED (Type or Print)
a. (First): BENACIO
b. (Middle): (BEN)
c. (Last): CORTA

4. DATE OF DEATH (Month) 1 (Day) 12 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 28, 1920
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 1, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Blade Operator 08
10b. KIND OF BUSINESS OR INDUSTRY: Oregon State Highway Dept.
11. BIRTHPLACE (State or foreign country): Jordon Valley, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Justo Corta — BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Meria Ocamica — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-30-0716
17. INFORMANT'S OWN SIGNATURE: x Annie Corta — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) A. Thrombotic lt. decrease — INTERVAL BETWEEN ONSET AND DEATH: 14 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO~~ (b) Acute myocardial infarct — 1 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-5-, 1966, *to* 1-12-, 1967, *that I last saw the deceased alive on* 1-12-, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 217 (Degree or title)
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/16/67
24c. NAME OF CEMETERY OR CREMATORY: Jordan Valley
24d. LOCATION (City, town, or county) (State): Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.: [illegible]
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: Lucy M. Flahiff — LICENSE NO. E393

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 211
Local Reg. No. 23
Reg. Dist. No. 360

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 1-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 5 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2102 Cherry Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2102 Cherry Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	L.	GUNDERSON	Jan. 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Aug. 3, 1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Dwight, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Phillip Zimmer	Germany	Fredericka Brunner	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	Oscar Gunderson	Route #1 Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Inspection, 19[illegible], *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D. Coroner	Nampa - Idaho	1-21-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-17-67	Pioneer Cemetery	Idaho City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-24-1967	Vera Baker	Dale McMaster	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 212
Local Reg. No.
Reg. Dist. No.

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 600
b. CITY OR TOWN Caldwell (If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN Caldwell (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 523 Everett St.

3. NAME OF DECEASED (Type or Print) a. (First) Imogene b. (Middle) Loise 057 c. (Last) Hutchinson

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 14, 1911

9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Beautician 21

10b. KIND OF BUSINESS OR INDUSTRY Beauty Operator

11. BIRTHPLACE (State or foreign country) Shickley, Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Effenger E. Strayer BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Mary J. Bryant BIRTHPLACE Cheno, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1530 Carcinoma of Cecum — INTERVAL BETWEEN ONSET AND DEATH 2 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-29-66, 19___, *to* 1-13-67, 19___, *that I last saw the deceased alive on* 1-13-67, 19___, *and that death occurred at* 10:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE 250 W. J. Kubler (Degree or title) MD

23b. ADDRESS 222 East Elm--Caldwell, Idaho

23c. DATE SIGNED 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 17, 1967

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 1-27-1967

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER Merville A. Davis LICENSE NO. E-399

FIRM NAME: Peckham-Dakan Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 213
Local Reg. No. 2c
Reg. Dist. No. 360

RECEIVED JAN 25 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): CALDWELL
LENGTH OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CALDWELL MEMORAL HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA, IDAHO
d. STREET ADDRESS (If rural, give location): 1716 2nd. St. So.

3. NAME OF DECEASED (Type or Print): a. (First) JESUS b. (Middle) (NMN) c. (Last) RODRIQUEZ
4. DATE OF DEATH: (Month) 1 (Day) 13 (Year) 1967
5. SEX: male
6. COLOR OR RACE: mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE
8. DATE OF BIRTH: NOV. 4, 1964
9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY: CHILD
11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME: JESUS RODRIQUEZ — BIRTHPLACE: SAN MARCOS, TEXAS
14. MOTHER'S MAIDEN NAME: MARA CARIGA — BIRTHPLACE: MEXICO
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Jesus R Rodriguez — ADDRESS: NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1-2 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Overdose of acetyl salicylic acid — 1 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1967, *to* Jan. 13, 1967, *that I last saw the deceased alive on* Jan 13, 1967, *and that death occurred at* 1 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Kellogg 275 (Degree or title) MD
23b. ADDRESS: 1201 S. Kimball, Caldwell Idaho
23c. DATE SIGNED: 18 Jan, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-16-1967
24c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, CANYON, IDAHO

DATE REC'D BY LOCAL REG.: 1-24-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature] LICENSE NO. 43
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician. The deceased had severe acidosis when attended on the morning of Jan. 12, 1967. The hyperventilation + Blood CO_2 combining power of 4+ so attested. The Blood Salicylate level was Toxic, actually higher than one would expect from the history of the amount of aspirin administered (for fever) [illegible]

Certificate of Death

STATE OF IDAHO

State File No. 214
Local Reg. No. 24
Reg. Dist. No. 362

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 244 Deleware

3. NAME OF DECEASED (Type or Print): a. (First) ANNE b. (Middle) ELIZABETH c. (Last) KROH

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: December 17, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? Russia

13. FATHER'S NAME: George Foltz — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Katherine Margaret Harting — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 60 2144
17. INFORMANT'S OWN SIGNATURE: Mrs John Rudolph — ADDRESS: Nampa, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis Generalized — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation Ileum — 1 day
DUE TO (c) Probable Lymphosarcoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Cardiovascular Disease, Esophagitis — 7 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Peritonitis Generalized, Perforated Ileum & marked thickening mesentery
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-22, 1960, *to* 1-14, 1967, *that I last saw the deceased alive on* 1-14, 1967, *and that death occurred at* 6:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 T C Horton M D
23b. ADDRESS: Nampa
23c. DATE SIGNED: 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cametery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb 1 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard O. Messenbrink
LICENSE NO.: E-407
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 26 1999

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 215
Local Reg. No.
Reg. Dist. No. 3-18

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hos. 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 312 So. 12th Street

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Maude c. (Last) Olsen

4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 16, 1890
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months 0 Days 28 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Apartments Rentels
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Washington Co. Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 22 Jim R. Noel BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Martha E. Horton BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-60-1523
17. INFORMANT'S OWN SIGNATURE Clara M. Olsen ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27-66, 19___, *to* 1-14-67, 19___, *that I last saw the deceased alive on* 1-14-67, 19___, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 1-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 18, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1-30-1967
REGISTRAR'S SIGNATURE
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

DUTIES: FEB 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 216
Local Reg. No. 22
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY CANYON 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA, | LENGTH OF STAY (in this place) 7 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PARKVIEW MANOR HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA IDAHO
d. STREET ADDRESS (If rural, give location) 1716 2nd St. So.

3. NAME OF DECEASED (Type or Print) a. (First) TOMASA b. (Middle) (NMN) 296 c. (Last) LOPEZ LUGO

4. DATE OF DEATH (Month) (Day) (Year) JAN. 15 1967

5. SEX FEMALE
6. COLOR OR RACE MEXICAN
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH OCT. 29, 1886
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months 9 Days 14 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY HOUSEWIFE
11. BIRTHPLACE (State or foreign country) MENDEZ (TAMPS) MEXICO
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME MARTEZ LOPEZ BIRTHPLACE MEXICO
14. MOTHER'S MAIDEN NAME GUADALUPE GARZA BIRTHPLACE MEXICO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 518-60-3949
17. INFORMANT'S OWN SIGNATURE Guadalupe L Coriaga ADDRESS NAMPA, IDAHO

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL THROMBOSIS. — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS. CEREBRAL.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1964, to* JAN. *, 1967, that I last saw the deceased alive on* 1/15 *, 1967, and that death occurred at* 4:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. B. Ross 449 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 1-19-1967
24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State) NAMPA, IDAHO

DATE REC'D BY LOCAL REG. Jan. 29 1967
REGISTRAR'S SIGNATURE Jane Fuck
25. EMBALMER M. B. Shepherd
LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 217
Local Reg. No. 1
Reg. Dist. No. 366

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 JAN 25 1967 000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 051

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	K.	Johnson	Jan. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb. 9, 1889	77	11	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
30		Balkakra, Sweden	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ben Benson	Sweden	Augusta UNK	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-54-1017	Mrs. Joe Berry, Jr.	R#2 Parma, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous " " " — 5 years
DUE TO (c) Arteriosclerosis — undefined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. fractured right hip — 6 weeks

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Prosthesis operation right hip 6 wk prior	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 1-11-, 1967, *that I last saw the deceased alive on* 1-11-, 1967, *and that death occurred at* 2:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Kemik 280	MD	1819 Ellis St Caldwell Idaho	1-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 18, 1967	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-24-1967	Vera Dakan	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1967 Bureau of Vital Statistics

State File No. 218
Local Reg. No.
Reg. Dist. No. 366

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2304 Pendleton

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Elmeda
c. (Last): Bays

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 15, 1871
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Carthage Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Barry Wilson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah Ellen Dixon — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: + Bess Bays — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

493X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1964, *to* Jan 16, 1967, *that I last saw the deceased alive on* Jan 10, 1967 *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hal E Reynolds 437 M
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 1/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 1-31-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: RELYEA MORTUARY

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 219
Local Reg. No. /
Reg. Dist. No. 561

BIRTH NO.

RECEIVED JAN 25 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma, Rt. # 1
LENGTH OF STAY (in this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Meyers Nursing Home 179

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First) Sarah
b. (Middle) E.
c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 15, 1881
9. AGE (In years last birthday) 85
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Glenelg, Ontario Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Carter
BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Sarah Fee
BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Mrs. M. C. Troyer
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4500 Arteriosclerosis & — INTERVAL BETWEEN ONSET AND DEATH: indefinite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile degeneration — indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1965, *to* Jan, 1967, *that I last saw the deceased alive on* Dec 7, 1966, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Merle Elsmick 280 (Degree or title)
23b. ADDRESS 1819 Elles Caldwell Idaho
23c. DATE SIGNED 1-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY Roswell Cemetery
24d. LOCATION (City, town, or county) Roswell, Idaho (State)

DATE REC'D BY LOCAL REG. 1-24-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Kenneth E. Spence
LICENSE NO. E-395
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 19 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 220
Local Reg. No. 22
Reg. Dist. No. 362

RECEIVED FEB 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 652

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 812-2nd. Street North

3. NAME OF DECEASED (Type or Print): a. (First) JOS b. (Middle) c. (Last) DOSTAL

4. DATE OF DEATH (Month) (Day) (Year): January 16, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 7, 1873

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Czechoslovakia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Dostal
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Joseph Dostal
ADDRESS: Seal Beach, Cal.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardiac — 5 yrs
DUE TO (c) Vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 1966 *to* Jan 16, 1967, *that I last saw the deceased alive on* Jan 16, 1967, *and that death occurred at* 4:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD 115
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb. 1, 1967
REGISTRAR'S SIGNATURE:
25. EMBALMER: Jary J. Krouk
LICENSE NO.: E-447
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 221
Local Reg. No. 25
Reg. Dist. No. 362

Certificate of Death

BIRTH NO. 67-393

RECEIVED FEB 3 1967 Bureau of V.S.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 515 Greenleaf

3. NAME OF DECEASED (Type or Print)
a. (First): Mike
b. (Middle): Alvin 049
c. (Last): Cooper

4. DATE OF DEATH (Month) (Day) (Year): January 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: January 15, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 1; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ------- 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Larry Cooper — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Elizabeth Clevenger — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --------
17. INFORMANT'S OWN SIGNATURE: Larry D. Cooper — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

776X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1967, *to* Jan 16, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 4:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clayton Olson 115 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: January 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county): Canyon County (State): Idaho

DATE REC'D BY LOCAL REG.: Feb 1, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J Krouse
LICENSE NO.: E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 222
Local Reg. No. 2
Reg. Dist. No. 360

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

JAN 25 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1721 So. 10th

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Clifford
c. (Last): Whittle

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 22, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 1, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist 21
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Whittle — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Irene Brim — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-0176
17. INFORMANT'S OWN SIGNATURE: Mrs Cliff Whittle — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer liver — INTERVAL BETWEEN ONSET AND DEATH: 1 yr 9 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer sigmoid — 1 yr 9 mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1964, *to* Jan 17, 1967, *that I last saw the deceased alive on* Jan 17, 1967, *and that death occurred at* 12 15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul E Reynolds 437 (Degree or title): MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 1/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-24-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-345

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1967

FEB 9 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 20 1981

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 223
Local Reg. No. 21
Reg. Dist. No. 360

BIRTH NO.

RECEIVED STATE OF IDAHO
JAN 25 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp. 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Canyon 27
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 236 Hudson

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) William c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Dec. 15, 1889

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months: 1 Days: 2
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: cattle

11. BIRTHPLACE (State or foreign country): Shardon, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Bernard Thomas
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Minna Winkleman
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 523-12-9069

17. INFORMANT'S OWN SIGNATURE: X Waldo J. Thomas
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332.X Left Cerebral artery thrombosis
INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac failure due to Coronary insufficiency

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15 1966, to 1-17, 1967, *that I last saw the deceased alive on* 1-17, 1967, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 1-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 1-24-1967
REGISTRAR'S SIGNATURE: Vera Dakan

25. FUNERAL DIRECTOR: Glenn W Beatty
ADDRESS: #E-392 THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 224
Local Reg. No. 27
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-392

RECEIVED FEB 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF CITY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 515 Greenleaf

3. NAME OF DECEASED (Type or Print)
a. (First) Ike
b. (Middle) Dean 049
c. (Last) Cooper

4. DATE OF DEATH (Month) (Day) (Year) Janunary 18. 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant
8. DATE OF BIRTH January 15, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 3 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY ---------
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Larry Cooper
BIRTHPLACE Washington
14. MOTHER'S MAIDEN NAME Elizabeth Clevenger
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Larry D. Cooper
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1967, *to* Jan 18, 1967, *that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Raydon Cross 115 (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1. 25 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Gardens
24d. LOCATION (City, town, or county) Canyon County (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 1, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Larry L. Krouch
LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 30
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN Nampa 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nampa
d. STREET ADDRESS (If rural, give location) 567 6th Rd. N.

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Beam

4. DATE OF DEATH (Month) Jan (Day) 19 (Year) 67

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Nov. 27, 1898

9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroadman 10

10b. KIND OF BUSINESS OR INDUSTRY Railroad

11. BIRTHPLACE (State or foreign country) Artesia, New Mexico

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Ely Beam BIRTHPLACE New Mexico

14. MOTHER'S MAIDEN NAME Mary Crawford BIRTHPLACE New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 526 09 5569

17. INFORMANT'S OWN SIGNATURE Earl E. Beam ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5400

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rectum Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic Ulcer — 9 mo
DUE TO (b) Heart Failure — 2 wk
DUE TO (c) Pneumonia Rt Lob — 2 wk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hodgkins Disease — 3 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-18, 1958, *to* 1-19, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* 9:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 245 J C Horton (Degree or title) MD

23b. ADDRESS Nampa

23c. DATE SIGNED 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 23, 1967

24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery

24d. LOCATION (City, town, or county) Wilder, Idaho (State)

DATE REC'D BY LOCAL REG. Feb 7 1967

REGISTRAR'S SIGNATURE Jane Stuck

25. EMBALMER

LICENSE NO.

FIRM NAME: Peckham Dakan Funeral Home, Cald.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 12 1999

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 226
Local Reg. No.
Reg. Dist. No.

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140 FEB 1 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3 miles W. of Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway 20-26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 311 North 15th st.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Richard	Christopher	Culley	Jan 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Single	Sept. 6, 1964	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	-------	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hal Culley	Baker, Oregon	Alice Wittenborn	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	-----	-----	X [illegible]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8164

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Open chest wound.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway	West of Caldwell. 141	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan 20 1967 9P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Collision 2 car

22. *I hereby certify that I attended the deceased from* Inspection only, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wesche MD 583	Coroner 4	Nampa Idaho	1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-30-1967	Vera Dakan	[signature]	E-285

FIRM NAME: Peckham-Dakan Chapel Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 25 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 227
Local Reg. No.
Reg. Dist. No. 361

RECEIVED FEB 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 140
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 3 miles W. of Caldwell
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway 20-26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 311 North 15th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Kathie
b. (Middle) Jean
c. (Last) Culley

4. DATE OF DEATH (Month) (Day) (Year) Jan 20, 1967

5. SEX F
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 1
8. DATE OF BIRTH July 7, 1963
9. AGE (In years last birthday) 3 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) noen 02
10b. KIND OF BUSINESS OR INDUSTRY -------
11. BIRTHPLACE (State or foreign country) Caldwell Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hal Culley — BIRTHPLACE Baker, Oregon
14. MOTHER'S MAIDEN NAME Alice Wittenborn — BIRTHPLACE Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE x Betty [illegible] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8164

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Comminuted fracture left femur. Forehead laceration

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ob Highway
21c. (CITY, TOWN, OR TOWNSHIP) West of Caldwell 140 (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 20 - 1967 9P m. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Collision 2 Cars.

22. *I hereby certify that I attended the deceased from* Inspection only *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Henry C Wesele MD (Degree or title) Coroner 4
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1-30-1967
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER [illegible]
LICENSE NO. E-285

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel Caldwell, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 25 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 228
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon 140 — FEB 1 1967 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3 Miles W. of Caldwell — c. LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway 20-26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idahp 141 — b. COUNTY: Canyon — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — d. STREET ADDRESS (If rural, give location): 311 North 15th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alice	Faye	Culley	Jan 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	Oct. 14, 1945	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Caldwell Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gordon Wittenborn	Hulbert, Okla	Betty Griffin	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----		X [illegible]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8164

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Auto Accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE)
Accident	Highway - 26	west of Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR?
Jan 20-1967 9P m.		2 Cars collided on highway

22. *I hereby certify that I attended the deceased from* Inspection only, 19—, to ———, 19—, *that I last saw the deceased alive on* ———, 19—, *and that death occurred at* ——— m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Weschke 583	MD Coroner 4	Nampa Idaho	1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1967	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-30-1967	[illegible]	[illegible]	E-285

FIRM NAME: Peckham-Dakan Chapel Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 25 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 229
Local Reg. No.
Reg. Dist. No. 3

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon — FEB 1 1967 — 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3miles West of Cadlwell — c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 20-26 — 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Donna	Marie	Zuniga	Jan, 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Feb. 13, 1943	23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	home	Barbersville, West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Cline Jr.	Ohio	Margaret M. Estes	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518 48 5942	x Albert Cline Jr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8164

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway Ob	West Caldwell 4520	140 Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan 20-1967 9.P m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Collision 2 cars on highway

22. *I hereby certify that I attended the deceased from* Inspectors only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Weschke 583	Coroner	Nampa - Idaho	1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 23, 1967	Hillcrest Memo. Gardens	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-30-1967	Vera Baker		E-285

FIRM NAME Peckham Pakan Funeral Home, Cald.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 20 1967

OCT 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 230
Local Reg. No.
Reg. Dist. No. 36

RECEIVED
FEB 1 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 212 Chicago

3. NAME OF DECEASED (Type or Print) a. (First) JUANITA b. (Middle) S 051 c. (Last) VANDEVEER

4. DATE OF DEATH (Month) 1 (Day) 21 (Year) 67

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separated 4
8. DATE OF BIRTH June 3, 1930
9. AGE (In years last birthday) 36 IF UNDER 1 YEAR Months 0 Days 18 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Colo. Springs, Colo
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Irvin R. Heckathorn BellePlains Kansas
14. MOTHER'S MAIDEN NAME BIRTHPLACE Gladys E Dailey, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 570-34-7364
17. INFORMANT'S OWN SIGNATURE ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1750

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chd. Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 8-64

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca of Ovaries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-1464
19b. MAJOR FINDINGS OF OPERATION see above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) CALDWELL (COUNTY) CANYON (STATE) IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-14, 1964, *to* 1-21, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* 1:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 389
23b. ADDRESS 303 E. Logan Caldwell Idaho
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/24/67
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 1-30-1967
REGISTRAR'S SIGNATURE
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 231
Local Reg. No.
Reg. Dist. No.

BIRTH NO. 67-410

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Mem. Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 300 S. Logan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James Eric		Carver	Jan. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Jan. 20, 1967			1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
NONE 02		Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ronald G. Carver	Banks, Ore.	Linda A. Ford	Parma, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	X Ronald G Carver	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart due to being Siamese twins, 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fusion to twin heart
DUE TO (c) liver fusion.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-20, 1967, *to* 1-21, 1967, *that I last saw the deceased alive on* 1-21, 1967, *and that death occurred at* 3:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Caldwell Ida	1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan24, 1967	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-27-1967	[signature]	[signature]	E-285

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham Dakan Funeral Home Caldwell

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 232
Local Reg. No.
Reg. Dist. No.

BIRTH NO. 67-409

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141 000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Mem. Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 300 East Logan

3. NAME OF DECEASED (Type or Print)
a. (First) Gary
b. (Middle) Eugene
c. (Last) Carver

4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan. 20, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 02
10b. KIND OF BUSINESS OR INDUSTRY NONE
11. BIRTHPLACE (State or foreign country) Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ronald G. Carver
BIRTHPLACE Banks, Ore.
14. MOTHER'S MAIDEN NAME Linda A. Ford
BIRTHPLACE Parma, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE X Ronald G. Carver
ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital heart - due to
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) being diamese twin
DUE TO (c) with fusion to twin
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
7545
INTERVAL BETWEEN ONSET AND DEATH 24 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20, 1967, *to* 1-21, 1967, *that I last saw the deceased alive on* 1-21, 1967, *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 166 (Degree or title)
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. 1-24-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER [signature]
LICENSE NO. E-280

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham Dakan Funeral Home Cald.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 233
Local Reg. No. 28
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH 142 1-02
a. COUNTY: CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 2 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MIDLAND MANOR 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CALDWELL
d. STREET ADDRESS (If rural, give location): ROUTE 4

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): J. HALE
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): JAN. 21, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: DEC. 22, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): FREDRICKTOWN, MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: GEORGE HALE — BIRTHPLACE: NO RECORD
14. MOTHER'S MAIDEN NAME: ANNIE NO RECORD — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 519-16-5800A
17. INFORMANT'S OWN SIGNATURE: W. Layton Todd — ADDRESS: CALDWELL, IDA.

18. CAUSE OF DEATH 446X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	2 wks
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Ascending urinary tract infection	2 wks.
DUE TO (c)	Nephosclerosis	15+yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Bronchopneumonia - hypostatic	7+days
	Large Left Scrotal hernia	2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1964, to 21 Jan, 1967, that I last saw the deceased alive on 20 Jan, 1967, and that death occurred at 7:15 A.m., from the causes and on the date stated above.*

23a. SIGNATURE: B. R. Gordon 443 (Degree or title): MP
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 26 Jan 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 1-23-67
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State): CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: Feb. 1, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

FEB 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 234
Local Reg. No. 23
Reg. Dist. No. 362

RECEIVED JAN 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1407 11th Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) Alphons b. (Middle) c. (Last) Ostyn

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 21, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 21, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Besalar, West Flanders, Belguim

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Petrus Ostyn
BIRTHPLACE: Belguim

14. MOTHER'S MAIDEN NAME: Barbra Teebear
BIRTHPLACE: Belguim

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: 519-28-6421

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: 240 Circle Dr Moscow Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic HD disease — 15 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-28- *, 19* 62 *to* 1-21- *, 19* 67 *, that I last saw the deceased alive on* 1-21- *, 19* 67 *, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 217 MD

23b. ADDRESS: 619 So. Canyon, Nampa, Idaho

23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 24, 1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: Jan. 29, 1967

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: G. W. Waters [signature]
LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 9 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 235
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
FEB 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF [illegible]: 21das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CORDELIA
b. (Middle): A 051
c. (Last): FORD

4. DATE OF DEATH (Month) 1 (Day) 22 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 11, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 5, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Floridia, Missouti
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. S. Jones — BIRTHPLACE: Stoneport, Ill.
14. MOTHER'S MAIDEN NAME: Sarah Seiber — BIRTHPLACE: Knnoxville, Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-58-9756
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH 4501
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene wt foot — 3wk
DUE TO (c) Arteriosclerosis — 10yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 21, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 437 (Degree or title) MD
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-30-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff — LICENSE NO. E481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 236
Local Reg. No.
Reg. Dist. No. 3 6

RECEIVED Bureau of Vital Statistics

BIRTH NO. 141

1. PLACE OF DEATH
a. COUNTY Canyon
FEB 1 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 1602 East Ash

3. NAME OF DECEASED (Type or Print)
a. (First) DORA
b. (Middle) B 051
c. (Last) GARLAND

4. DATE OF DEATH (Month) 1 (Day) 22 (Year) 67

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 15, 1883
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months 7 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Craig, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Fransis M Stumbo Marion, Ohio
14. MOTHER'S MAIDEN NAME BIRTHPLACE Julia Stringfield Pettis Co, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-0736A
17. INFORMANT'S OWN SIGNATURE ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1968

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated viscus — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — About 5 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-16-66, 19__, *to* 1-22-67, 19__, *that I last saw the deceased alive on* 1-22-67, 19__, *and that death occurred at* 7:02P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyle Stone 505 (Degree or title) M.D.
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/27/67
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 1-30-1967
REGISTRAR'S SIGNATURE Vera Parker
25. EMBALMER Leonard C. Flahiff E-481
LICENSE NO.
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 14 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 237
Local Reg. No. 29
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Midland Manor Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First) Stella
b. (Middle) Marie
c. (Last) Hanson

4. DATE OF DEATH (Month) (Day) (Year) January 24, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH September 25, 1886
9. AGE (In years last birthday) 80
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Lake Village, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME No record
BIRTHPLACE No reocrd
14. MOTHER'S MAIDEN NAME No record
BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE Mrs Dale Eichelberg
ADDRESS Middleton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 20 yrs
DUE TO (c) Arteriosclerotic Cardio Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* Jan 24, 1967, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 115 Lyndon Olson MD (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY Kohlerlwan
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 1, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Richard W. Messenbrink
LICENSE NO. E-467
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 30 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 238
Local Reg. No. 31
Reg. Dist. No. 362

BIRTH NO. 142

RECEIVED FEB 9 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 415 Ivy Street

3. NAME OF DECEASED (Type or Print): a. (First) Ruth b. (Middle) E. 049 c. (Last) Murray

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 26, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: Dec. 17, 1895.

9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 13

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): Milo, Missouri.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Murray BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Alice Potts BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-5843

17. INFORMANT'S OWN SIGNATURE: Maude Poole ADDRESS: 10-24 County Nampa

18. CAUSE OF DEATH 4291

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction - acute — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio-vascular disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Common Duct obstruction with Jaundice. Osteo-arthritis — 1 week years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1951, *to* 1-26, 1967, *that I last saw the deceased alive on* 1-26, 1967, *and that death occurred at* 9:35 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Nesche, M.D. 559 — Gerald E. Nesche M.D. — **23b. ADDRESS**: Nampa, Idaho 312 14th Ave. South — **23c. DATE SIGNED**: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 3, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F. Alsip — LICENSE NO.: E-361.
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 239
Local Reg. No.
Reg. Dist. No. 366

Certificate of Death

RECEIVED
FEB 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

141

1. PLACE OF DEATH
a. COUNTY: Canyon 3-24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 24das
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Malheur 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rome, Oregon
d. STREET ADDRESS (If rural, give location): Jordon, Oregon

3. NAME OF DECEASED (Type or Print)
a. (First): FRED
b. (Middle): 051
c. (Last): SCOTT

4. DATE OF DEATH (Month) 1 (Day) 26 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb 19, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman & Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Cloverdale, Calif.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sylvester Scott — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Malinda Miller — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 542-36-8641
17. INFORMANT'S OWN SIGNATURE: X Josephine Scott — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal carcinomatosis — 6 yrs
Origin not determined - (patient - refused surgery - x-ray drag)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic C.V.D. — 15 yrs

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Oct, 1960, *to* 26 Jan, 1967, *that I last saw the deceased alive on* 26 Jan, 1967, *and that death occurred at* 5:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. D. Simpson M.D. 473
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 27 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 1-30-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Lucy M. Flahiff — LICENSE NO.: E393

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 3 1967

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 240
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH 141 3-21
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1801 Colorado 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2722 North 32nd. Street

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) ------
c. (Last) Zabala

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 21, 1882
9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Lequeitio, Vizcaya, Spain
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Xavier Zabala
BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Maria Dominga
BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-28-6413-A
17. INFORMANT'S OWN SIGNATURE Wm Jess Totorica
ADDRESS Boise

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary
INTERVAL BETWEEN ONSET AND DEATH 4 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 25, 1967, *to* Jan 26, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Neil E Reynolds 437 (Degree or title) MD
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED Feb 4-1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 2-6-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Daniel G. Gibson
LICENSE NO. E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

FEB 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 241
Local Reg. No.
Reg. Dist. No. 3-02

RECEIVED
FEB 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN: Caldwell, Idaho
DURATION OF STAY (in this place): 2das
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN: Homedale, Idaho
d. STREET ADDRESS (If rural, give location): Homedale City

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) L c. (Last) CHURCHILL
4. DATE OF DEATH: (Month) 1 (Day) 28 (Year) 67
5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 24, 1893
9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months: 4 Days: 4 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Sterling, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Churchill BIRTHPLACE: Sterling, Neb.
14. MOTHER'S MAIDEN NAME: Martha E. Druery BIRTHPLACE: Sterling, Neb.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-2336
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia, both lower lobes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-29-66, 19___, *to* 1-28-67, 19___, *that I last saw the deceased alive on* 1-28-67, 19___, *and that death occurred at* 3:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1/31/67
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Near Marsing, Idaho

DATE REC'D BY LOCAL REG.: 2-6-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature] LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 8 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 242
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (If outside place): 4das 3-04
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print)
a. (First): ALLEDA
b. (Middle): BETTY 051
c. (Last): PATTERSON

4. DATE OF DEATH (Month) 1 (Day) 28 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 5, 1921
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 3, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 13
10b. KIND OF BUSINESS OR INDUSTRY: Dr. Farber
11. BIRTHPLACE (State or foreign country): McKeesport, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clifford L. Lemon — BIRTHPLACE: McKeesports, Penn.
14. MOTHER'S MAIDEN NAME: Marie C. Larson — BIRTHPLACE: McKeesport, Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): Two 4
16. SOCIAL SECURITY NO.: 174-12-5719
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intestinal Obstruction — 4d.
DUE TO (c): Peritoneal Adhesions

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-24-67
19b. MAJOR FINDINGS OF OPERATION: Small Bowel Obstruction
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24, 1967, *to* 1-28, 1967, *that I last saw the deceased alive on* 1-28, 1967, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 258 Jensen MD
23b. ADDRESS: Robert H. Jensen, M.D. 222 EAST LOGAN CALDWELL, IDAHO
23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/1/67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Near Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-6-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Lucy M. Flahiff
LICENSE NO.: E393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

DUTIES:

FEB 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to the facts shall sign HIS name in addition to giving the source of information.

APR 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 243
Local Reg. No.
Reg. Dist. No. 36

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1317 Elgin Street

3. NAME OF DECEASED (Type or Print)
a. (First): Kenneth
b. (Middle): Earl 051
c. (Last): Morris

4. DATE OF DEATH (Month) (Day) (Year): January 28, 1967.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Oct. 9, 1959
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Soap Lake, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Earl Morris, Jr. — BIRTHPLACE: Dolores, Colorado
14. MOTHER'S MAIDEN NAME: Jo Ann Franklin — BIRTHPLACE: Burlington, Kansas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Walter Hisselting — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 089X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Encephalitis — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Mumps Virus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1962 *to* Jan. 28, 1967, *that I last saw the deceased alive on* Jan 28, 1967, *and that death occurred at* 12:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE 243 (Degree or title): Oaks H. Hoover M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho.

DATE REC'D BY LOCAL REG.: 2-6-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: [signature] ALSIP FUNERAL CHAPEL — LICENSE NO. E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

FEB 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 244
Local Reg. No. 35
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

FEB 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park View Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian Rural
d. STREET ADDRESS (If rural, give location) Rt. 3

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) M. 296
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 25, 1883
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pontiac, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank J. Skinner — BIRTHPLACE Mich.
14. MOTHER'S MAIDEN NAME Aurel Keith — BIRTHPLACE Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Laura Conner — ADDRESS Meridian

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1708

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, generalized

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of breast, right

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 1966, *to* Jan. 29, 1967, *that I last saw the deceased alive on* Jan. 27, 1967, *and that death occurred at* 2:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Blome 048 (Degree or title) 717
23b. ADDRESS 721 Roosevelt Nampa, Id.
23c. DATE SIGNED 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Entombment 4
24b. DATE 2-1-67
24c. NAME OF CEMETERY OR CREMATORY Mt. View Mausoleum
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Feb. 9, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Geo Jerread
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 245
Local Reg. No. 32
Reg. Dist. No. 363

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): Intransit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4½ Miles South of Nampa

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 3901 W. Clement Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): 000
c. (Last): Brown

4. DATE OF DEATH (Month) (Day) (Year): January 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 26, 1948
9. AGE (In years last birthday): 18 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Student
11. BIRTHPLACE (State or foreign country): Oklahoma City, Okla.
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Robert J. Brown Jr.
BIRTHPLACE: N. J.
14. MOTHER'S MAIDEN NAME: Betty Nixon
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert J. Brown Jr.
ADDRESS: Boise, Idaho.

18. CAUSE OF DEATH 8234
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): auto accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Communicated fractures lower jaw

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Highway
21c. (CITY, TOWN, OR TOWNSHIP) 140 **(COUNTY)** Canyon **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-29-67 1:14 am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Car rolled over on a curve

22. *I hereby certify that I attended the deceased from* Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wiseman 583 Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 3 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry J. Krouch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

APR 14 1967

AUG 1 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions; the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 246
Local Reg. No.
Reg. Dist. No. 2

BIRTH NO.

RECEIVED STATE OF IDAHO
FEB 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place): 6yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Benjiman c. (Last) Newport

4. DATE OF DEATH: (Month) Jan. (Day) 29, (Year) 1967

5. SEX: M

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 18, 1865

9. AGE (In years last birthday): 101 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Buffalo, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Newport — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Nacisis Bennett — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 517-14-2667

17. INFORMANT'S OWN SIGNATURE & ADDRESS: [signature]

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Terminal) — INTERVAL BETWEEN ONSET AND DEATH: 1-2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis & general debility 1 year

4937

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 27, 1960, *to* Jan. 29, 1967, *that I last saw the deceased alive on* Jan 29, 1967, *and that death occurred at* 1155 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 1201 S. Kimball Caldwell Idaho

23c. DATE SIGNED: 2 Feb. 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 1, 1967

24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery

24d. LOCATION (City, town, or county) (State): Wilder Canyon Idaho

DATE REC'D BY LOCAL REG.: 2-6-1967

REGISTRAR'S SIGNATURE:

25. EMBALMER:

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

NOV 1 9 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 247
Local Reg. No. 33
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 1-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 504 Chestnut

3. NAME OF DECEASED (Type or Print) a. (First) Herbert b. (Middle) Frank c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 28, 1873

9. AGE (In years last birthday) 93
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Owatonna, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Reed
BIRTHPLACE Minn.

14. MOTHER'S MAIDEN NAME Charollet Carter
BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 468-26-5579

17. INFORMANT'S OWN SIGNATURE Ethel Reed
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Debility from Generalized arteriosclerosis with chronic brain syndrome

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1967, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan 29, 1967, *and that death occurred at* 5:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Warren L Blough 730 W (Degree or title)

23b. ADDRESS 619 So. Canyon, Nampa, Idaho

23c. DATE SIGNED Feb 1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/31/67

24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 7, 1967

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER G. W. Waters

LICENSE NO. E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

FEB 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Feb. 24, 1967

Certificate of Death

STATE OF IDAHO

State File No. 248
Local Reg. No. 42
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 550
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 550

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 321 Aven

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) Henry; c. (Last) Day

4. DATE OF DEATH: (Month) (Day) (Year) January 30, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 10, 1896

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Patrolman

10b. KIND OF BUSINESS OR INDUSTRY: Telephone

11. BIRTHPLACE (State or foreign country): Vernon Center, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Day 09 — BIRTHPLACE: Ogdensburg N Y

14. MOTHER'S MAIDEN NAME: Mila Farley — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-2242

17. INFORMANT'S OWN SIGNATURE: E. M. Johnson — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Valvular Insufficiency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Heart Disease — Many Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18-66, 19___, *to* 1-30-67, 19___, *that I last saw the deceased alive on* 1-30-67, 19___, *and that death occurred at* 12:40p *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Hubler, M.D. 250 (Degree or title)

23b. ADDRESS: 222 East Elm, Caldwell, Idaho

23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-2-1967

24c. NAME OF CEMETERY OR CREMATORY: Roswell

24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 2-6-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Lucy M. Flahiff — LICENSE NO.: E 393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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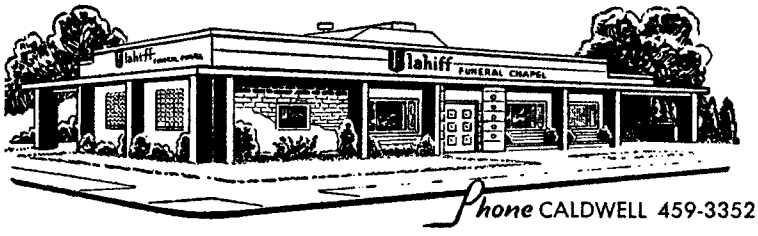

Flahiff
FUNERAL CHAPEL
624 CLEVELAND BOULEVARD
CHARLES B. FLAHIFF LUCY M. FLAHIFF
LEONARD C. FLAHIFF

RECEIVED
FEB 2 0 1967
Bureau of Vital Statistics

February 17, 1967

Affidavit of change of birth date:

I hereby certify that the correct birth date of Charles Henry Day is July 10, 1896, rather than July 10, 1895 as stated on the death certificate.

Signed Mrs Hazel M. Day.

Relationship to Deceased wife

Date 17 Feb, 1967.

****

State of Idaho)
County of)

On this 17 day of Feb, 1967, before me Chas L. Shaffer a Notary Public in and for the within county and state personally appeared Mrs Hazel M. Day Known to me (or proved by the oath of) to be the person whose name is subscribed to the foregoing instrument, and acknowledged to me that he executed the same.

In witness whereof I have hereunto set my hand and affixed my official seal this day and year first above written.

(Seal) Chas L. Shaffer

Notary public, residing at, Caldwell Idaho
My commission expires 12/1/68

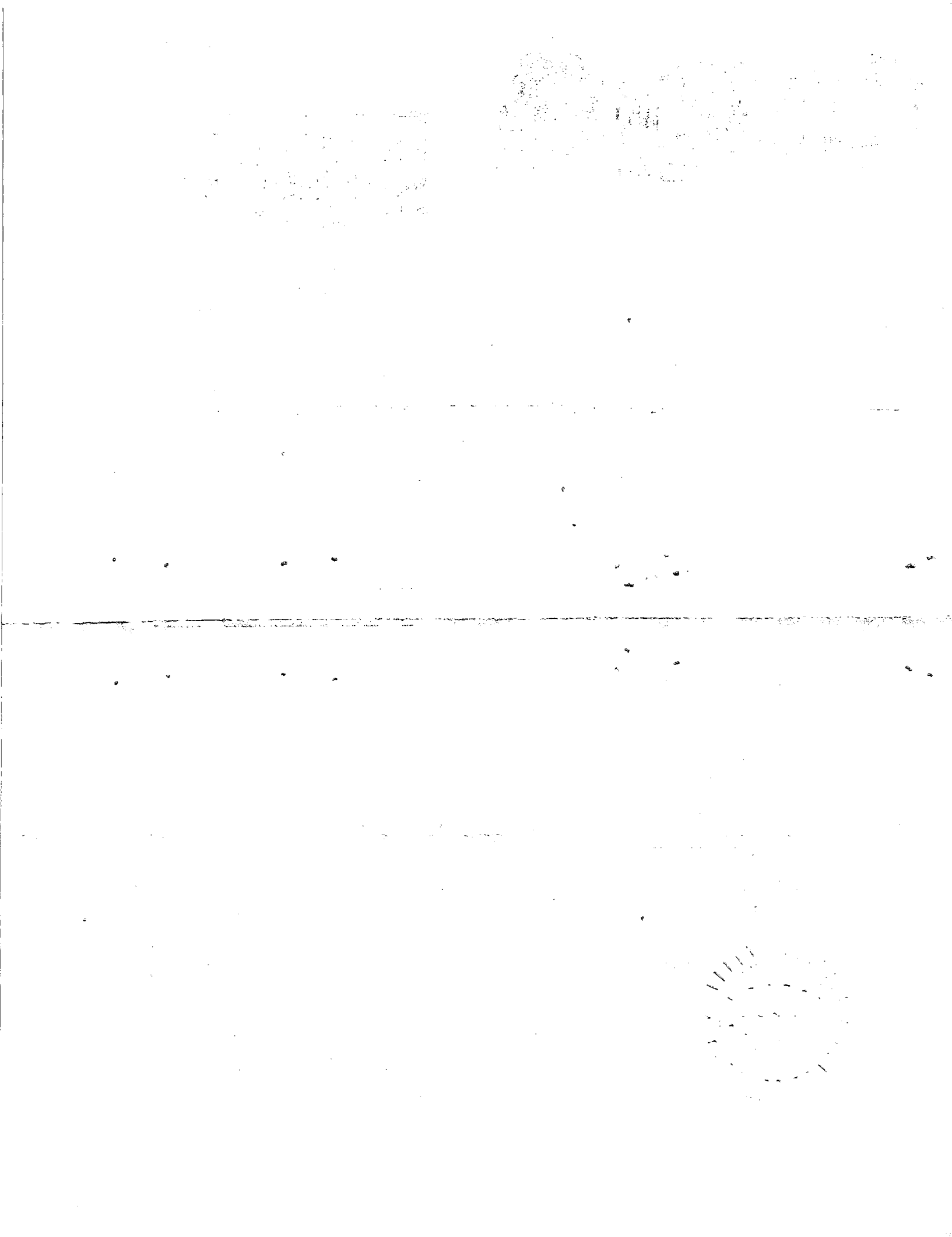

State File No. 248
Local Reg. No.
Reg. Dist. No. 366

Certificate of Death

RECEIVED
FEB 8 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 321 Aven

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): HENRY
c. (Last): DAY

4. DATE OF DEATH (Month) 1 (Day) 30 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 10, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 6, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Line Patrolman Telephone
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Vernon Center, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry M. Day — BIRTHPLACE: Ogdensburg N Y
14. MOTHER'S MAIDEN NAME: Mila Farley — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-07-2242
17. INFORMANT'S OWN SIGNATURE: x Emma M Johnson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Valvular insufficiency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rheumatic Heart disease — many years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-18-66, *19*___, *to* 1-30-67, *19*___, *that I last saw the deceased alive on* 1-30-67, *19*___, *and that death occurred at* 12:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W J Hubler MD
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/2/19/67
24c. NAME OF CEMETERY OR CREMATORY: Roswell
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 2-6-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Lucy McFlahiff — LICENSE NO. F393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17, to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 249
Local Reg. No. 36
Reg. Dist. No. 362

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor Nursing H

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 113 Delaware St. Nampa

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ALICE	M.	SAXTON		1	31	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F.	white	Widowed	May 14, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Randall Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Allen	Illinois	Ida Mae Hoard	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	Gertie M. Smith	Missoula, Mont.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia Recurrent bouts +	2-4 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Aortic Stenosis Progressive	20+ yrs
DUE TO (c)	Arteriosclerotic Coronary Sclerosis	20+ yrs.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic Cholecystitis	20+ yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1954, *to* 1-31, 1967, *that I last saw the deceased alive on* 1-31, 1967, *and that death occurred at* 1:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Nampa Idaho	2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 6, 1967	Hillcrest Memorial Gardens	Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 9, 1967	Janet Steele	[signature]	E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED FEB 9 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 250
Local Reg. No. 34
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
c. LENGTH OF STAY (in this place): 30 das. 2-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park View Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1912 Willow

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTLE
b. (Middle): CLEMENCE
c. (Last): TOBLER

4. DATE OF DEATH (Month) 1 (Day) 31 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 10/28/1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months 3, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Seattle, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Henry Lord — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Eugenie Rose Joanne — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: [signature] 1912 Willow St — ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 11, 1960, *to* Jan. 31, 1967, *that I last saw the deceased alive on* Jan. 30, 1967, *and that death occurred at* 1:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 243 (Degree or title): Oakes H. Gooves M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/1/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature] — LICENSE NO.: E 393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 251
Local Reg. No. 1
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED
JAN 9 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Brigham Young Lodge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): Minnie Lee Stone Kesler

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Aug. 5, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Henry P. Stone
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Amanda Johnson
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: x H W Stone
ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* Jan 2, 1967 *that I last saw the deceased alive on* 22 Dec, 1966, *and that death occurred at* 1 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tuttle, M.D. 534
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 1/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/5/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 1-6-67
REGISTRAR'S SIGNATURE: Darle Hurrett
25. EMBALMER: Henderson Allen
LICENSE NO.: E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 7 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 252
Local Reg. No. 2
Reg. Dist. No. 520-521

RECEIVED JAN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN Soda Springs
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 158
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Sylvia
b. (Middle) Green Bybee 069
c. (Last) Van Vleet

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH June 28, 1890
9. AGE (In years last birthday) 76
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Layton, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Mark Green BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Sarah Stoddard BIRTHPLACE Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John Van Vleet ADDRESS Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

203X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Plasmacell Myeloma — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Oct, 1966, *to* 9 Jan, 1967, *that I last saw the deceased alive on* 8 Jan, 1967, *and that death occurred at* 2:35 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] MD
23b. ADDRESS Grace, Idaho
23c. DATE SIGNED 11 Jan 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/12/67
24c. NAME OF CEMETERY OR CREMATORY Grace Cemetery
24d. LOCATION (City, town, or county) Grace, Idaho (State)

DATE REC'D BY LOCAL REG. 1-11-67
REGISTRAR'S SIGNATURE Paul Merrill
25. EMBALMER Theodore D. Allen
LICENSE NO. E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 15 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 7 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 253
Local Reg. No. 3
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
STATE OF (in this place) 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
d. STREET ADDRESS (If rural, give location) 110 N Main

3. NAME OF DECEASED (Type or Print) a. (First) Andrew b. (Middle) F. c. (Last) Nielsen

4. DATE OF DEATH (Month) (Day) (Year) Jan 14 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH July 26 1872
9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Section Foreman U.P. R.R.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 712-07-7067
17. INFORMANT'S OWN SIGNATURE A. C. Nielsen ADDRESS Soda Springs Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Ht. disease.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1966 *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 11 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tight 531 (Degree or title) M.D.
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 17 1967
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) Soda Springs (State) Idaho

DATE REC'D BY LOCAL REG. 1-18-67
REGISTRAR'S SIGNATURE Darhl Cherrett
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Whitman Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 10 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 254
Local Reg. No. 4
Reg. Dist. No. 520-524

Certificate of Death

RECEIVED
FEB 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 — 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): James Garcia

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1967

5. SEX: male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: April 19, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand ~~70~~ 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R. Co.
11. BIRTHPLACE (State or foreign country): Jacona, Mexico
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Albert M. Turner — ADDRESS: Soda Springs, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9320

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Exposure to cold. — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Outside home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Soda Springs, Caribou, Idaho 150
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-21-67 2 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell out side of his house & died of exposure.

22. *I hereby certify that I attended the deceased from* Seen after death on *, 19__, to* 1/21 *, 1967, that I last saw the deceased alive on _____, 19__, and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Allen H. Tigat, M.D. 534
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 1/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Darhl Cheirrett
25. EMBALMER: Theodore S. Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 12 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 255
Local Reg. No. 5
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-444

RECEIVED FEB 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Caribou 150 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): Norton Trailer Court

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Ferman Alan Avila

4. DATE OF DEATH (Month) (Day) (Year): Jan. 24, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: Jan. 24, 1967
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 0, Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Ferman Avila — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Hazel Marchum — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Ferman Avila — ADDRESS: Soda Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7593

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): New born, probable congenital defects — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 24, 1967, *to* Jan 24, 1967, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tyrb 534 (Degree or title) M.D.
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/26/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67
REGISTRAR'S SIGNATURE: Darhl Cherrett
25. EMBALMER: Leadow S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 256
Local Reg. No. 6
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 150
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 80 East 3rd South

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Oscar Leslie Dalrymple

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 12, 1922
9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Burner Operator 06
10b. KIND OF BUSINESS OR INDUSTRY: Kerr-McGee Corp.
11. BIRTHPLACE (State or foreign country): Wardboro, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Frank L. Dalrymple — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Evva Jane Hayes — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): W.W.II 4
16. SOCIAL SECURITY NO.: 536-24-8959
17. INFORMANT'S OWN SIGNATURE: Edith L. Dalrymple — ADDRESS: Soda Springs, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Oligodendrogliosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 15 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* 28 Jan, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Herron MD 226
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/31/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 2-1-67
REGISTRAR'S SIGNATURE: Darhl Cherrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 20 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 28 1967

MAR 11 1968

APR 11 1969

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 257
Local Reg. No. 1649
Reg. Dist. No. 470

RECEIVED JAN 2 0 1967 Vital Statistics Bureau of

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 16 2-08
b. CITY OR TOWN Burley
c. LENGTH OF STAY (in this place) 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION Cassia Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN Heyburn
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) H. 070 c. (Last) Blincoe

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Feb. 3, 1876
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Hepler, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Edward Blincoe — BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Mattie Brannan — BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 536-12-4639
17. INFORMANT'S OWN SIGNATURE Richard D. Blincoe ADDRESS Heyburn

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site not definitely known (Probably Hypernephroma Kidney) — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Arteriosclerotic Heart Disease — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-23, 1953, *to* 1-4, 1967, *that I last saw the deceased alive on* Jan 4, 1967, *and that death occurred at* 7 05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Archer 283 MD
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 1/10/67
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) (State) Paul, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Beth Pearson
25. EMBALMER Martha Payne
LICENSE NO. E-289
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 258
Local Reg. No. 1644
Reg. Dist. No. 470

RECEIVED JAN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Riverview Trailer Court

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Harrison
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 24, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Randall, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-30-3190
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pyelonephritis, acute — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Prostatic hypertrophy — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* severe emphysema — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 16, 1966, *to* 1/4/, 1967, *that I last saw the deceased alive on* 1-3, 1967, *and that death occurred at* 8:55a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter R. Peterson 709 (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/7/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: James G. Reynolds — James G. Reynolds
LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 259
Local Reg. No. 1645
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Lester
b. (Middle): Reese 070
c. (Last): Harper

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 24, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Honeyville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Harper — BIRTHPLACE: Harper Ward, Utah
14. MOTHER'S MAIDEN NAME: Martha Hunsaker — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 2 & Korean 4281
16. SOCIAL SECURITY NO.: 545-05-4800
17. INFORMANT'S OWN SIGNATURE: Alda Fixton — ADDRESS: Salt Lake, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: 26 Dec 1966

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis — Bombay 3 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Dec, 1966, *to* 4 Jan, 1967, *that I last saw the deceased alive on* 4 Jan, 1967, *and that death occurred at* 8 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 526 (Degree or title) MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 7 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/7/67
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 14 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 10 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 260
Local Reg. No. 1646
Reg. Dist. No. 470

RECEIVED JAN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 160
a. COUNTY: Cassia 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ********* 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): **********

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): Mary
c. (Last): Stevens

4. DATE OF DEATH (Month) (Day) (Year): Jan. 8, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 6, 1876
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): South Hampton, England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Norton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Angelina Shepherd — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-60-3170J
17. INFORMANT'S OWN SIGNATURE: Robert L Stevens — ADDRESS: Declo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-1, 1966, *to* 1-8, 1967, *that I last saw the deceased alive on* Oct 22, 1966, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Kircher 283 MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/8/67
24c. NAME OF CEMETERY OR CREMATORY: Cultorest Memorial Park
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Jan. 13 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Harth Payne
LICENSE NO.: C-389

FIRM NAME: Payne Portuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 261
Local Reg. No. 1650
Reg. Dist. No. 470

Certificate of Death

RECEIVED
JAN 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township or other place): Burley
c. LENGTH OF STAY (If outside place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 500 E. 200 S.

3. NAME OF DECEASED (Type or Print)
a. (First): Connie
b. (Middle): Rae 070
c. (Last): Scholer

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug. 25, 1935
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Reynolds Cahoon - Almo, Idaho
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Zoa Durfee - Almo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Bruce H. Scholer — ADDRESS: Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus Massive — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Recent Pregnancy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Delivered on 6 Jan 67 Normal Delivery

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* 1-14-67, 19__, *that I last saw the deceased alive on* Jan 8, 1967, *and that death occurred at* 9:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Grant Blume 526 MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/18/67
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Jan. 19, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E-389

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 23 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 262
Local Reg. No. 1653
Reg. Dist. No. 470

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Cassia (160) — FEB 8 1967 — 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo — LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (60)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (160) b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vasco	Orson	Parke	Jan. 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	April 18, 1913	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Director of Racing	Race Track	Orion, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Orson Parke (26)	Centerville, Utah	Julia Harris	Elba, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		834-11-7817	Teresa Parke	Declo, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 9-13-66, 19__, *to* 1-26-67, 19__, *that I last saw the deceased alive on* 1-1-66, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 526 MD	Burley, Idaho	1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/30/1967	Declo Cemetery	Declo, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 2, 1967	Ruth N. Pearson	[signature]	E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 15 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 263
Local Reg. No. 1651
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Cassia 161	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 161 b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley	c. LENGTH OF STAY (In this place): 10 Years
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital	d. STREET ADDRESS (If rural, give location): 1729 Miller Avenue

3. NAME OF DECEASED (Type or Print)	a. (First): Cora	b. (Middle): Belle 070	c. (Last): Erickson	4. DATE OF DEATH (Month) (Day) (Year): January 28, 1967
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2	8. DATE OF BIRTH: March 5, 1874	9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 10, Days 23 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country): Bloomfield, Indiana	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: Charles Livingston Neyman, BIRTHPLACE: Ohio		14. MOTHER'S MAIDEN NAME: Sarah Heaton, BIRTHPLACE: Ohio		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -	16. SOCIAL SECURITY: 518-18-2181 51	17. INFORMANT'S OWN SIGNATURE: W. E. Neyman ADDRESS: Albion, Ida		

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	old age + immaciation	Mos
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cerebral thrombosis	years
DUE TO (c)	arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-28, 1966, *to* 1-28, 1967, *that I last saw the deceased alive on* 1-28 1967, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Walter Peterson 709 (Degree or title)	23b. ADDRESS: Burley, Idaho	23c. DATE SIGNED: 1-30-67
24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — 24b. DATE: Feb. 1, 1967	24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho
DATE REC'D BY LOCAL REG.: Feb. 1, 1967 — REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Armand F. Busch	LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 264
Local Reg. No. 1656
Reg. Dist. No. 470

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 300 So. 350 East

3. NAME OF DECEASED (Type or Print)
a. (First): Eliza
b. (Middle): Gaskill 070
c. (Last): King

4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 29, 1873
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Hutton Valley, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joel Hinds — BIRTHPLACE: (Unknown)
14. MOTHER'S MAIDEN NAME: (Unknown) — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 488-26-4963
17. INFORMANT'S OWN SIGNATURE: Charley C. Gaskill — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): General serrile Debility
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): & physical degeneration of old age
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.
① Hypertensive arteriosclerotic Heart Disease
② Broncho pneumonia

INTERVAL BETWEEN ONSET AND DEATH: ? — 23 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-, 1964, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan 28, 1967, *and that death occurred at* 12:05 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Hutton 514 M D
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/31/1967
24c. NAME OF CEMETERY OR CREMATORY: Birch Tree Cemetery
24d. LOCATION (City, town, or county) (State): Birch Tree, Missouri

DATE REC'D BY LOCAL REG.: Feb. 13, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECE

Certificate of Death

STATE OF IDAHO

State File No. 265
Local Reg. No. 1
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater — JAN 23 1967 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Ada — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian — d. STREET ADDRESS (If rural, give location): 428 E. Broadway

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELSIE	H.	PEER	Jan. 2 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Nov. 19, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home	Powersville, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rolly Howry	Putnam Co. Missouri	Mary Crawford	Putnam Co. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-01-7260D	X Edward W. Lees	Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C V A — INTERVAL BETWEEN ONSET AND DEATH: 7 d.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertension & severe arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — 9 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-25, 1966, *to* 1-2, 1967, *that I last saw the deceased alive on* 1-2, 1967, *and that death occurred at* 6 45 a m, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Orofino, Ida	1-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	Jan. 2, 1967	Meridian Cemetery Robinson Chapel	Meridian Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 2, 1967	Josephine B. Gilbert	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH 1-25-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED JAN 27 1967 Bureau of Vital Statistics

State of Idaho } ss.
County of Ada

Certificate No.

Date Filed Jan 23, 1967

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)

for Elsie H. Peer (Name on Original Certificate) who died (Was Born or Died) on Jan 2, 1967 (Date of Event)

in Orofino (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 24c	Robinson Chapel	Robinson Chapel - Meridian Cemetery

Subscribed and sworn to before me this 26th day of January, 1967.

Kathryn L. McDeark

Notary Public, residing at Meridian, Idaho

My commission expires June 15, 1969

(Seal)

Signed T. C. Peer

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25 day of January, 1967.

Isabel A. Burkhart

Notary Public, residing at Eagle, Idaho

My commission expires Sept 28, 1968

(Seal)

Signed Geo Jerread

(Signature of Any Credible Person)

(Street Address, City, State)

FORM DH 60-155

Certificate of Death

State File No. 266
Local Reg. No. ~~210~~ 2
Reg. Dist. No. 2 210

BIRTH NO. RECEIVED STATE OF IDAHO JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater (18C)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North (074)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (281)
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 702 North Third

3. NAME OF DECEASED (Type or Print): a. (First) MATTIE; b. (Middle) ANN; c. (Last) LAWRENCE

4. DATE OF DEATH: (Month) January (Day) 3 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed (2)

8. DATE OF BIRTH: Oct. 21, 1882

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (12)

10b. KIND OF BUSINESS OR INDUSTRY: Public schools

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adolph Wittstruck
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Emily McNary
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 554-36-0573

17. INFORMANT'S OWN SIGNATURE: Records Christine Plounde
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure (4300) — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 25 years

DUE TO (c) Bronchopneumonia, bilateral — 5 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome — Indefinite

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 2, 1967, *to* Jan. 3, 1967, *that I last saw the deceased alive on* Jan. 3, 1967, *and that death occurred at* 3:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William M. Russell M.D. (595)
23b. ADDRESS: Box 672 Orofino, Idaho
23c. DATE SIGNED: Jan. 4, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Jan. 9, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strathmann
LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 17 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 267
Local Reg. No. ~~[illegible]~~ 3
Reg. Dist. No. ~~3~~ 210

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka--rural
c. LENGTH OF STAY (in this place): 20 yr. 1-20
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BASIL
b. (Middle): T.
c. (Last): PACKWOOD

4. DATE OF DEATH (Month) (Day) (Year): January 8 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 7, 1906
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): cobbler 21
10b. KIND OF BUSINESS OR INDUSTRY: shoe shop
11. BIRTHPLACE (State or foreign country): Anatone, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Leland Packwood — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Edna Aplington — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-05-2402
17. INFORMANT'S OWN SIGNATURE: X Norma Packwood — ADDRESS: Ahsahka Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Lung Cancer

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Larry D. Wunderlich 5813 (Degree or title) Coroner 4
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: Jan. 9 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county): Lewiston (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 11, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: [signature]
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 27 1967

FEB 3 1967

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 268
Local Reg. No. 5
Reg. Dist. No. # 210

Certificate of Death

STATE OF IDAHO

BIRTH NO. 66-8986

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk River
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Elk River
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) BELINDA
b. (Middle) JANE
c. (Last) STAMPER

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept. 19 1966
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James L. Stamper BIRTHPLACE Orofino, Idaho
14. MOTHER'S MAIDEN NAME Bonita Joann Gibbs BIRTHPLACE Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE James L. Stamper ADDRESS Elk River, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

492X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral pneumonia — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 3:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Larry D. Wunderlich (Degree or title) Coroner
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED Jan. 14 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan. 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Wells Bench
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 14, 1967
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER [illegible]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 269
Local Reg. No. ~~210~~ 4
Reg. Dist. No. ~~#~~ 210

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY Clearwater 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) F.
c. (Last) LARSEN

4. DATE OF DEATH (Month) (Day) (Year) January 12 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 7, 1889
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nick Obli — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Florence Obli (maiden name unknown) — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Records Christine Plourde — ADDRESS Orofino, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome bue to senile brain disease — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 29, 1966, *to* January 12, 1967, *that I last saw the deceased alive on* January 12, 1967, *and that death occurred at* 11:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE William M. Russell 595 (Degree or title) M.D.
23b. ADDRESS Box 672, Orofino, Idaho
23c. DATE SIGNED Jan.13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Jan.13,1967
24c. NAME OF CEMETERY OR CREMATORY Yates Funeral Home
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Jan.13,1967
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER [signature]
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 270
Local Reg. No. ~~270~~ 7
Reg. Dist. No. 7 210

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180 5-05

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce

c. LENGTH OF STAY (in this place): few min.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to CV Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 180

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Headquarters

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): JOHN

b. (Middle): VERNON

c. (Last): OLIN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 29, 1946

9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rigging slinger 06

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vernon J. Olin — BIRTHPLACE: North Dakota

14. MOTHER'S MAIDEN NAME: Twila Jones — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-56-0027

17. INFORMANT'S OWN SIGNATURE: X Vernon J. Olin — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9108

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Lung Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Severe blow

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): In forest 09

21c. (CITY, TOWN, OR TOWNSHIP) 180 **(COUNTY)** **(STATE)**: Headquarters Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 13 '67 8:00 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Hit by log

22. *I hereby certify that I attended the deceased from* never *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Larry D. Wunderlich Coroner 4

23b. ADDRESS: Orofino Idaho

23c. DATE SIGNED: Jan. 14 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 16 1967

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Jan. 17 1967

REGISTRAR'S SIGNATURE: Josephine K. Gilbert

25. EMBALMER: Lyle R. Stottmann — LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 271
Local Reg. No. ~~320~~ 6
Reg. Dist. No. ~~5~~ 210

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater (180) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — c. LENGTH OF STAY (in this place): 1½ months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (010) — b. COUNTY: Ada — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): unknown

d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital North (024) — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARY	ROSE	(Callen) HAVELOCK	January	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 23, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (01)	Home	Unknown	Unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Paul Mosbrucker	Unknown	Margaret Elizabeth Jahner	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	Records	ADDRESS
No		Unknown	Christine Flowers		Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cerebral arteriosclerosis — Many years; Diabetes Mellitus — Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 29, 19 66, *to* January 14, 19 67, *that I last saw the deceased alive on* January 13 19 67, *and that death occurred at* 2:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Box 672, Orofino, Idaho	Jan. 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 14, 1967	Walker Funeral Home	McCall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 17 1967	Josephine K. Gilbert	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 272
Local Reg. No. 8
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CV Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater 180
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location): Cardiff Spur

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ARTHUR	CLYDE	REED		Jan.	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Sept. 4, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsworker 17
10b. KIND OF BUSINESS OR INDUSTRY: timber
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: George Reed — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Zillah White — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-03-7206
17. INFORMANT'S OWN SIGNATURE: X Hattie Walters — ADDRESS: White Bird Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HEAD INJURY — INTERVAL BETWEEN ONSET AND DEATH: 3 DAYS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): FALL
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: METASTATIC CARCINOMA — 4 YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	02 FARM	WEIPPE 180	CLEARWATER	IDAHO

21d. TIME OF INJURY	(Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	1	16	67	? m.	WHILE AT WORK [ ] NOT WHILE AT WORK [X]	UNKNOWN

22. *I hereby certify that I attended the deceased from* 1-16, 19 67, *to* 1-18, 1967, *that I last saw the deceased alive on* 1-18, 19 67, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin A. Kehr MD	Orofino, Idaho	1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	Jan. 20 1967	Riverside	Orofino	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/25/67	June M. Powell	Lyle A. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECF

Certificate of Death

STATE OF IDAHO

State File No. 273
Local Reg. No. 9
Reg. Dist. No. 210

BIRTH NO.

180 JAN 30 1967

Bureau of Vital

1. PLACE OF DEATH
a. COUNTY Clearwater 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CV Hospital 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Route 3--rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERNICE	ELIZABETH	GENTRY	Jan. 20 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 2	Feb. 3, 1918	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	home	Cottonwood, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nicholas Bieren	Oregon	Matilda Stricken	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	537-12-4623	X Richard L. Gentry	Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5870

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Essential

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1961, *to* 20 Jan, 1967, *that I last saw the deceased alive on* 20 Jan, 1967, *and that death occurred at* 5:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
340 [illegible] M.D.		Orofino Idaho	23 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 23 1967	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/25/67	June M. Powell	[illegible]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 27 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 274
Local Reg. No. 10
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater (180) 3-02
b. CITY OR TOWN Orofino
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 674

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington (48)
b. COUNTY Pend Oreille (555)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newport
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	JOSEPH	J.	PADGETT	January	21	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (3)	April 6, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown (30)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Unknown
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE Records (Christine Flowers) ADDRESS Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — about 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Under nourished

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January 19, 1967, *to* January 21, 1967, *that I last saw the deceased alive on* January 21, 1967, *and that death occurred at* 3:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Box 672, Orofino, Idaho	Jan. 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 21, 1967	Sherman Funeral Home	Newport Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 23, 1967	Josephine K. Gilbert	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 275
Local Reg. No. 11
Reg. Dist. No. 210

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180 1-01
a. COUNTY Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JULINE
b. (Middle) W.
c. (Last) FENTON

4. DATE OF DEATH (Month) Jan. (Day) 21 (Year) 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH April 24 1909
9. AGE (In years last birthday) 57 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Soldiers, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Edwin W. Wheeler BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Lisette Hartman BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-26-9433
17. INFORMANT'S OWN SIGNATURE Lyell Strottmann ADDRESS Orofino, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) MYOCARDIAL INFARCT — INTERVAL BETWEEN ONSET AND DEATH 4 WKS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypothyroid — YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-16, 1966, *to* JAN 21, 1967, *that I last saw the deceased alive on* JAN 17, 1967, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 013 John Armstrong (Degree or title) MD
23b. ADDRESS 307 ST JOHN'S WAY
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Jan. 23 1967
24c. NAME OF CEMETERY OR CREMATORY Northam-Jones FH
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 25 1967
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER Lyell Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 276
Local Reg. No. 12
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY Clearwater 180 3-24	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 351 b. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino c. LENGTH OF STAY (in this place) 24 da.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) CV Hospital 073	d. STREET ADDRESS (If rural, give location) 430 14th Street

3. NAME OF DECEASED (Type or Print)	a. (First) JOHN	b. (Middle) GROVER	c. (Last) GALLOWAY	4. DATE OF DEATH (Month) Jan. (Day) 25 (Year) 1967
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3	8. DATE OF BIRTH Dec. 26 1888	9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04	10b. KIND OF BUSINESS OR INDUSTRY agriculture	11. BIRTHPLACE (State or foreign country) Van Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Daniel Galloway	BIRTHPLACE unknown	14. MOTHER'S MAIDEN NAME Sarah Peers	BIRTHPLACE unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE Birdie Galloway	ADDRESS Lewiston Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CHF	2 wk
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASHD	years
DUE TO (c)	Generalized arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary emphysema	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1100, 1966 *to* Jan, 1967, *that I last saw the deceased alive on* 1-25, 1967 *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 038 [signature] (Degree or title)	23b. ADDRESS Orofino Idaho	23c. DATE SIGNED 1-27-67
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 27, 1967	24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho		
DATE REC'D BY LOCAL REG. Feb. 3, 1967	REGISTRAR'S SIGNATURE June M. Powell	25. EMBALMER [signature] LICENSE NO. 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 277
Local Reg. No. 1
Reg. Dist. No. 680

Certificate of Death

RECEIVED
JAN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer 190
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Challis
LENGTH OF STAY (in this place): 8 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 miles N. of Challis

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Challis
d. STREET ADDRESS (If rural, give location): 5 Miles N. of Challis

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Sylvester
c. (Last): Dobbs

4. DATE OF DEATH (Month) (Day) (Year): January 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 25, 1896
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Ranching
11. BIRTHPLACE (State or foreign country): Glendale, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Dobbs, Jr.
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Henen Christina Peterson
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-38-0065
17. INFORMANT'S OWN SIGNATURE: Clarence Dobbs
ADDRESS: Salt Lake City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion
INTERVAL BETWEEN ONSET AND DEATH: 5 mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Attended as Coroner only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:10p. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen W Reed 583 (Degree or title): Custer Co. Coroner
23b. ADDRESS: Challis, Idaho
23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-25-67
24c. NAME OF CEMETERY OR CREMATORY: Millville Cemetery
24d. LOCATION (City, town, or county) (State): Millville, Utah

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Mrs Pauline Mulder
25. EMBALMER: C. F. Marvel
LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Mem. Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 278
Local Reg. No. 9
Reg. Dist. No. 380 391

RECEIVED JAN 23 1967 Bureau of Local Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 300 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grand View
d. STREET ADDRESS (If rural, give location) Grand View

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) MRS. MOLLIE HIZEL BEAMAN ZIMMERMAN

4. DATE OF DEATH (Month) (Day) (Year) January 6, 1967

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH May 13, 1895

9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe operator 22

10b. KIND OF BUSINESS OR INDUSTRY Food business

11. BIRTHPLACE (State or foreign country) Hastings, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fred Hizel BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Anna Lesser BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-16-6332

17. INFORMANT'S OWN SIGNATURE LeRoy Beaman ADDRESS Grand View, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 1750 — INTERVAL BETWEEN ONSET AND DEATH Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1967, *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 4:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS Mountain Home Idaho

23c. DATE SIGNED 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/9/67

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) Grand View, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 20 1967

REGISTRAR'S SIGNATURE

25. EMBALMER Hilbert Humphreys LICENSE NO. E-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 279
Local Reg. No. 10
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print)
a. (First): JULIUS
b. (Middle): MIKEL
c. (Last): KNUDSON

4. DATE OF DEATH (Month) (Day) (Year): January 7, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: June 28, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Hammerfest, Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 21 — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: A. J. Knudson — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute Pneumonitis — Days
Chronic Pyelonephritis — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* Jan 7, 1967, *that I last saw the deceased alive on* Jan 7, 1967, *and that death occurred at* 3:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone Woodson MD 389
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/9/67
24c. NAME OF CEMETERY OR CREMATORY: Glenns Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: Jan 20 1967
REGISTRAR'S SIGNATURE: A. Anderson
25. EMBALMER: Arthur Smith
LICENSE NO.: E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 280
Local Reg. No. 11
Reg. Dist. No. 380 391

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 209
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 207
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 830 North 8th East

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) VERNA c. (Last) MAE SHONK

4. DATE OF DEATH (Month) (Day) (Year): January 14, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 8, 1919
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service 08
10b. KIND OF BUSINESS OR INDUSTRY: Air Force Base
11. BIRTHPLACE (State or foreign country): Shoshone, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph H. Wilson — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Pearl Crane — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Paul J. Shonk — ADDRESS: Mt. Home, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4187 Rheumatic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, *to* Jan 14, 1967, *that I last saw the deceased alive on* Dec 10, 1966, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin D. Loebbecke 389 (Degree or title): MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Jan 17 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/17/67
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Jan 20 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JAN 30 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 281
Local Reg. No. 12
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY (If outside corporate limits, write RURAL and give) OR TOWN Mtn. Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 120 S. 18th E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Home
d. STREET ADDRESS (If rural, give location) 120 S. 18th E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EVERETT	GORDON	PIERCE	January 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau.	Married	August 2, 1915	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Self Employed	Oil Distributor	Mtn. Home, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ralph Pierce	Nebraska	Christine Denny	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1943- 1945	519-34-9754	Everett Pierce	Mt. Home, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death:* Previous coronary attack and damage suffered seven years ago.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__, *to* 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner 4	Mountain Home, Idaho	1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1967	Mtn. View	Mountain Home Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 25 1967	[signature]	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 15 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 11 1972

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 3 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 282
Local Reg. No. 13
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles East on Hiway #30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 20
b. COUNTY: Elmore 202
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Home
d. STREET ADDRESS (If rural, give location): 1135 E. 3rd N.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAZEL	HILDEGARDE 000	POTTER	January 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cau.	Married 2	Aug. 22, 1927	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Waitress 26	Restaurant	Springfield, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Hall	Illinois	Elsie Rigg	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-20-2293	[signature]	Mt. Home, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8234

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of second cervical vertebrae
c transection of spinal cord

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Seconds

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 26	Rural - Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan. 18, 1967 1:00 AM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Victim thrown from auto in one car roll-over.

22. *I hereby certify that I attended the deceased from* I did not see alive, investigation only, 19__, *to* 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] Coroner	Mountain Home, Idaho	1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1967	Mtn. View	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 25 1967	[signature]	[signature]	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 283
Local Reg. No. 14
Reg. Dist. No. 380-391

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN Mtn. Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1130 N. 10th E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn. Home
d. STREET ADDRESS (If rural, give location) 1130 N. 10th E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	LEAT	O'SULLIVAN	January 20, 1957

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau.	Married	April 26, 1918	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) (Retired) U.S.A.F.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pendleton, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James O'Sullivan — BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Ifie Greenwood — BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) 1941 - 1963
16. SOCIAL SECURITY NO. 543-01-4467
17. INFORMANT'S OWN SIGNATURE [illegible] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive thoracic hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accidental gunshot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) Mountain Home (COUNTY) Elmore (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 20, 1967 7:00 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Victim stumbled while carrying loaded 12 Ga. shotgun

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	1/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1967	Mtn. View	Mtn. Home, Idaho

DATE REC'D BY LOCAL REG. Jan 25 1967
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER Arthur Smith — LICENSE NO. E-403
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 21 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 284
Local Reg. No. 22
Reg. Dist. No. 540

RECEIVED JAN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 91

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston Rte 1
d. STREET ADDRESS (If rural, give location): Rte 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dale	Ronald	Wheatley	Jan. 1 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Nov. 4, 1950	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	9th grade	Carey, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bert M. Wheatley	Calls Fork, Box Elder, Utah	Rhea Heppler	Richfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Ellen Burnett Wheatley	Preston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3-4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Congenital hypogammaglobulemia — lifetime

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Pt. had had a previous right pneumonectomy	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 55, *to* Jan 1, 1967, *that I last saw the deceased alive on* Dec 31, 1966, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lee K. Johnson M.D.	Preston, Idaho	Jan 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 3, 1967	Deweyville	Deweyville, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-3-67	Eppie W. Brewer		316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 285
Local Reg. No. 2
Reg. Dist. No. 540

BIRTH NO.

JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin 211
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 408 South 4th E

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) Marie c. (Last) Porter Carter

4. DATE OF DEATH: (Month) Jan (Day) 7, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 23, 1921
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin J. Porter — BIRTHPLACE: Cove, Utah
14. MOTHER'S MAIDEN NAME: Maud Durrant — BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-1613 E
17. INFORMANT'S OWN SIGNATURE: X Lorine Anderson — ADDRESS: Richmond, Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Colon & Uremia with Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 13, 1966, *to* Jan 7, 1967, *that I last saw the deceased alive on* Jan 7, 1967, *and that death occurred at* 1:12 m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Adler 122 (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 1-11-67
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. EMBALMER: Douglas S. Webb
LICENSE NO.: 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 286
Local Reg. No. 3
Reg. Dist. No. 5-4-0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Franklin 211 JAN 23 1967 3-02
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
LENGTH OF STAY (in this place) 2 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 8 S 6 W

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joe		Viola	Jan 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	White	Married 3	Sept 8, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
30		Cavedago, Italy	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Romedio Viola	Unk.	Juiseppina Ukn.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-10-8526	Ray Viola	Auburn, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331.X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 5, 1967, *to* January 9 1967, *that I last saw the deceased alive on* Jan 9, 1967, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
O. R. Cutler MD (Degree or title)	Preston Idaho	1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1967	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-13-67	Eppie W. Brouwer	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home Preston, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 287
Local Reg. No. 11
Reg. Dist. No. 540

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21 1-37
b. CITY OR TOWN: Preston
LENGTH OF STAY (in this place): 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Memorial 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN: Preston
d. STREET ADDRESS (If rural, give location): 132 West 3rd North

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Matelda c. (Last) Johnson Lewis

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 11, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 22, 1894

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lars Christian Johnson
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Matilda Madsen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Merlin H. Lewis
ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Heart Disease, Failure & Coronary Insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rheumatic Arthritis — 16 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 16, 1966, *to* Jan 11, 1967, *that I last saw the deceased alive on* Jan 11, 1967, *and that death occurred at* 3 11 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. G. Call (Degree or title) MD

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 1-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 14, 1967

24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 1-14-67

REGISTRAR'S SIGNATURE: Eggie W. Beaver

25. EMBALMER: Webb Funeral Home

LICENSE NO.: 316

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 11 19

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 288
Local Reg. No. 3
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 221 a. COUNTY Fremont 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 221 b. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony; c. LENGTH OF STAY (in this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony 83445
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital	d. STREET ADDRESS (If rural, give location) 111 East 2nd North

3. NAME OF DECEASED (Type or Print)	a. (First) GUY	b. (Middle) 082 WIMMER	c. (Last) HILL	4. DATE OF DEATH (Month) (Day) (Year) Jan., 1, 1967
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3	8. DATE OF BIRTH April 7, 1891	9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Cattleman	10b. KIND OF BUSINESS OR INDUSTRY Self-Employed	11. BIRTHPLACE (State or foreign country) Lawrence, Utah	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME 04 Robert W. Hill	BIRTHPLACE Springville, Utah	14. MOTHER'S MAIDEN NAME Rachael L. Elmer	BIRTHPLACE Payson, Utah	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. 519-26-3191	17. INFORMANT'S OWN SIGNATURE M. D. Hansen	ADDRESS St. Anthony, Idaho	

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebro Vascular Accident	2 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerosis Generalized	2 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Arteriolar Nephro Sclerosis	2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19___, *to* 1-1-67, 19___, *that I last saw the deceased alive on* 12/31/67, 19___, *and that death occurred at* 6:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 284 (Degree or title)	23b. ADDRESS St. Anthony, Idaho	23c. DATE SIGNED 4 Jan 67
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 4 Jan 67	24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho		
DATE REC'D BY LOCAL REG. 5 Jan 67	REGISTRAR'S SIGNATURE M. D. Hansen	25. EMBALMER M. D. Hansen — LICENSE NO. E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 1 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 289
Local Reg. No. 8
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH 220
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont 220
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALICE	FIDELIA 083	ROBBINS	January 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	6 Sept. 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	----	Swan Lake, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas William Whittle	Salt Lake City, Ut.	Fidelia Sariah Hendricks	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	------	519-60-4162	Ruth Robbins	Inkom, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Non united fracture neck of femur Left — 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-30-, 1961, *to* 1-7-, 1967, *that I last saw the deceased alive on* 1-7-, 1967, *and that death occurred at* 9:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Ashton, Idaho	1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10 Jan 1967	Pineview Cemetery	Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
18 Jan 67	M. S. Hansen	Robert C. Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 1 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 290
Local Reg. No. 9
Reg. Dist. No. 651

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: FREMONT 220 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RFD#1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220 b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): RFD#1

3. NAME OF DECEASED (Type or Print): a. (First) JESSE b. (Middle) ARNOLD c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year): Jan., 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 8, 1885
9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Parker, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel G. Miller BIRTHPLACE: Farmington, Utah
14. MOTHER'S MAIDEN NAME: Helen M. Smith BIRTHPLACE: Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-14-3280
17. INFORMANT'S OWN SIGNATURE: Ronald B Miller ADDRESS: RFD#1 St Anthony, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOA, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul Cornell 583 (Degree or title): Coroner 4
23b. ADDRESS: St. Anthony, Idaho
23c. DATE SIGNED: 16 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 16 Jan 67
24c. NAME OF CEMETERY OR CREMATORY: Parker cemetery
24d. LOCATION (City, town, or county) (State): Parker, Fremont County, Idaho

DATE REC'D BY LOCAL REG.: 18 Jan 67
REGISTRAR'S SIGNATURE: M L Hansen
25. FUNERAL DIRECTOR: M L Hansen
LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 291
Local Reg. No. 10
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 221
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 150
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 221
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) ELIZABETH MACE 082 c. (Last) PITT

4. DATE OF DEATH (Month) (Day) (Year) Jan., 14, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan., 29, 1890
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fillmore, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hyrum Mace BIRTHPLACE Fillmore, Utah
14. MOTHER'S MAIDEN NAME Laura Warner BIRTHPLACE Fillmore, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-5983
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Duodenal ulcer, Chronic pyelonephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Jan, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 6 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 030 [signature] (Degree or title) MD
23b. ADDRESS St. Anthony, Ida
23c. DATE SIGNED 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan., 18, 67
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. Jan 30-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 292
Local Reg. No. 13
Reg. Dist. No. 651

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None given

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFF
b. (Middle):
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 13 December 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 23
10b. KIND OF BUSINESS OR INDUSTRY: Clubs
11. BIRTHPLACE (State or foreign country): Pierre, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David Moore — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Harriet Rachael Penwell — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ------
16. SOCIAL SECURITY NO.: 518-18-6197
17. INFORMANT'S OWN SIGNATURE: Olive B. Moore — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aneurism, femoral artery, ruptured — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Spontaneous rupture of aneurism & abscess formation — 1 ms.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-18-67
19b. MAJOR FINDINGS OF OPERATION: Ruptured aneurism femoral artery
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1967, *to* 1-18-, 1967, *that I last saw the deceased alive on* 1-18, 1967, *and that death occurred at* 10:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 298
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 Jan. 67
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: [illegible] 67
REGISTRAR'S SIGNATURE: M. S. Hansen
25. EMBALMER: Robert Bean
LICENSE NO.: E-456

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 293
Local Reg. No. 11
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-539

RECEIVED FEB 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 221
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 221
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) SCOTT 082 c. (Last) PECK

4. DATE OF DEATH (Month) (Day) (Year) Jan., 21, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Jan 21, 1967
9. AGE (In years last birthday) 0 — IF UNDER 1 YEAR Months 0 Days 0 — IF UNDER 24 HRS. Hours 7 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Anthony, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Peck — BIRTHPLACE Rigby, Idaho
14. MOTHER'S MAIDEN NAME Merlana Smith — BIRTHPLACE St. Anthony, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE M. L. Hansen — ADDRESS St. Anthony Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturitis 776X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Labor @ 4 hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-21-67, 19___, *to* 1-21-67, 19___, *that I last saw the deceased alive on* 1-21-67, 19___, *and that death occurred at* 9:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 284 (Degree or title) [signature] M.D.
23b. ADDRESS St. Anthony, Idaho
23c. DATE SIGNED 24 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 23 Jan 67
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. 24 Jan 67
REGISTRAR'S SIGNATURE M. L. Hansen
25. EMBALMER M. L. Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 294
Local Reg. No. 1
Reg. Dist. No. 340-341

RECEIVED JAN 17 1967 Bureau of Vital Statistics

BIRTH NO. 231

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2 Box 318

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Calvin c. (Last) Stover

4. DATE OF DEATH (Month) (Day) (Year): Jan. 11, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: December 12, 1899

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mill worker 17 81

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Clarion County, Penn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Stover
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Elsie Graff
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 10 8715

17. INFORMANT'S OWN SIGNATURE: Mamie Dorothy Stover
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1777 Ca of prostate & metastasis — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 11 Jan, 19 67, *that I last saw the deceased alive on* 10 Jan, 19 67 *and that death occurred at* 2a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS

23c. DATE SIGNED: 1-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Jan. 14, 1967

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: Jan. 14, 1967

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature]
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 295
Local Reg. No. 2
Reg. Dist. No. 340-341

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 231 3-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 12days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231 b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) So. Hayes St

3. NAME OF DECEASED (Type or Print) a. (First) Gladys b. (Middle) Edna c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) January 15, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Oct. 18, 1885
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Manson, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Edwin Tourtelotte BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Olive Amelia Ring BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 54 3738
17. INFORMANT'S OWN SIGNATURE Gladys E. Davis ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

410X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c̄ MITRAL REGURGITATION MYOCARDIAL ISCHEMIA
DUE TO (c) LEF VENTRICULAR HYPERTROPHY

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROSIS — YEARS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 1960, *to* JAN 15, 1967, *that I last saw the deceased alive on* JAN 14, 1967, *and that death occurred at* 1:28 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Amelia R. Lawlenson 429 (Degree or title) MD
23b. ADDRESS 105 W 2 So EMMETT IDAHO
23c. DATE SIGNED JAN 19 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 18, 1967
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Jan 20, 1967
REGISTRAR'S SIGNATURE Jean A. Beatty
25. EMBALMER Glenn W. Beatty
LICENSE NO. E392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 296
Local Reg. No. 7
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 27 Montana 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Broadus
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hugh
b. (Middle): R.
c. (Last): Jackson

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25. 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Oct. 29, 1899
9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 2 Days 26
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Alexander, Neb raska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harvey Jackson
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Ellen Harris
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 503 07 7635
17. INFORMANT'S OWN SIGNATURE: Amy F. Shepard
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot into head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): homi cide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm 02
21c. (CITY, TOWN, OR TOWNSHIP) 230 **(COUNTY)** **(STATE)**: Emmett Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): unknown m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: victim shot by persons unknown

22. *I hereby certify that I attended the deceased from _____, 19___, to* Never, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE: 583 John W Beatty (Degree or title): Coroner 4
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb 1, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. FUNERAL DIRECTOR: John W Beatty
ADDRESS: E-392 THE BEATTY CHAPEL Emmett, Ida

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 3 1967 Division of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 297
Local Reg. No. 6
Reg. Dist. No. 346-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 230 Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 230 b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ella	May	Shepard	Jan. 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Mar. 27, 1888	78	9	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Alexander, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harvey Jackson	New York	Ellen Harris	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Eunice E. Landrus ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2 gunshots in chest — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 230 (COUNTY) (STATE)
homicide	01 home	Emmett Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
unknown m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	victim shot by persons unknown

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* never, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* unknown *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W. Beatty	Coroner 4	Emmett, Idaho	2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-1-67	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 1, 1967	Glenn W. Beatty	Glenn W. Beatty THE BEATTY CHAPEL	E-392 Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 14 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 298
Local Reg. No. 4
Reg. Dist. No. 340 341

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 231
a. COUNTY: Gem 4401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 638 W. Commercial

3. NAME OF DECEASED (Type or Print)
a. (First): Louanna
b. (Middle): Lloyd 085
c. (Last): Rock

4. DATE OF DEATH (Month) 1/ (Day) 27/ (Year) 67

5. SEX: female
6. COLOR OR RACE: caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 7/27/1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Kent, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oliver Lloyd — BIRTHPLACE: Kent, Indiana
14. MOTHER'S MAIDEN NAME: Mary Francis Wilson — BIRTHPLACE: Kent, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-2133
17. INFORMANT'S OWN SIGNATURE: Ruth M. Robinette — ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebro-vascular accident - hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 20 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 19 64, *to* 1-27, 19 67, *that I last saw the deceased alive on* 1-27, 19 67, *and that death occurred at* 12:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Holmes 341 M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: 1/27/67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: Jan 31, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: [signature]
LICENSE NO.: E 388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 299
Local Reg. No. 5
Reg. Dist. No. 340 341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 23/
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (in this place) 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 407 No. Commercial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23/
b. COUNTY Gem
c. CITY OR TOWN Emmett
d. STREET ADDRESS (If rural, give location) 407 No. Commercial

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Dawes	McKie	Jan. 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Jan. 8, 1889	78	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	farm	Hutchinson, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Douglas McKie	Missouri	Talitha Dawes	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-26-0531	X Blanche L McKie	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 1955 *to* Jan 1967, *that I last saw the deceased alive on* Dec 5, 1966, *and that death occurred at* 10 — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell, MD 260	107 N. Comm. Emmett Ida	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Jan. 31, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 31, 1967	Jean A Beatty	Clement Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Klingler

Certificate of Death

RECEIVED JAN 9 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 300
Local Reg. No. 2923
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH 240
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Gooding
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Rt. 1 Gooding

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Bateman 000 c. (Last) Young

4. DATE OF DEATH (Month) (Day) (Year) January 1, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 12, 1905
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Belt, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John R. Young BIRTHPLACE Ontario, Canada
14. MOTHER'S MAIDEN NAME Carrie Sanford BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 619-10-7157
17. INFORMANT'S OWN SIGNATURE Ardith M. Young ADDRESS Gooding Ida

4201

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2, *19*66, *to* Jan. 1, *19*67, *that I last saw the deceased alive on* 11-2-66, *19*__ *and that death occurred at* 10:30 *A.m., from the causes and on the date stated above.*

23a. SIGNATURE 285 Marion V. Klingler M (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 1-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Salmon Cemetery
24d. LOCATION (City, town, or county) (State) Salmon, Idaho

DATE REC'D BY LOCAL REG. 1-3-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 1 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

M. V. Klingler

Certificate of Death

STATE OF IDAHO

State File No. 301
Local Reg. No. 29 24
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 20 1967

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 51 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mannor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Gooding Idaho. 402 Ill St Gooding Ida

3. NAME OF DECEASED (Type or Print)
a. (First) Emma
b. (Middle) Sarah
c. (Last) Parker

4. DATE OF DEATH (Month) (Day) (Year) January 7 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept 13 1882
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Arkansas City Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME August Smith — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Ella Smith — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-6186
17. INFORMANT'S OWN SIGNATURE Robert S Meyer — ADDRESS Thomas Chapel Records

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, Upper, Middle, Lower Lobes, R. — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adenocarcinoma of right upper lobe — 7 - 8 Mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 21, 1966, *to* Jan 8, 1967, 19___, *that I last saw the deceased alive on* Jan 7 '67, 19___, *and that death occurred at* 12:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Marion V Klingler MD 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-10-1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding Idaho

DATE REC'D BY LOCAL REG. 1-12-67
REGISTRAR'S SIGNATURE Robert S Meyer
25. EMBALMER Robert S Meyer — LICENSE NO. C 424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 302
Local Reg. No. 29 23
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JAN 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240 2-04
b. CITY OR TOWN Wendell
LENGTH OF STAY (in this place) 4 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wendell Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 509 12th Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Andrew	Fred	Andersen	January 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 13 1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Hermin Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Denmark	Christina Andersen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE AND ADDRESS
No	518-42-5680	a Robert Meyer, Thompson Chapel Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4907

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, right Middle, Upper, Lower Lobes — INTERVAL BETWEEN ONSET AND DEATH: 3-4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabestes Mellitus — 4 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 6, 19 67, *to* Jan 8, 19 67, *that I last saw the deceased alive on* Jan 6, 1967, *and that death occurred at* 9:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin O. Hemphill MD	Gooding, Idaho	1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-11-67	Elmwood Cemetery	Gooding Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-12-67	Robert Meyer	Robert Meyer	E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 0 2 2000

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 0 2 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 26 1967 Bureau of Vital Statistics

State File No. 303
Local Reg. No. 2926
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding (240)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell (000)
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor (253)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (270)
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes	Marie	Huettig	Jan. 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	Oct. 25, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	01	Valonia, Indiana	Usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rev. Emil G. Schulze	Germany	Caroline Bollman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			L A Huettig	Hazelton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X cerebral accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and valvular -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-7-, 1964, *to* 1-12-, 1967, *that I last saw the deceased alive on* 1-12-, 1967, *and that death occurred at* 11:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C Maurice Schuetz MD	Wendell, Idaho	1-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 16, 1967	Trinity Cemetery	Eden Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-23-67	Mabel Meyer		E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED.. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 304
Local Reg. No. 2927
Reg. Dist. No. 420

Certificate of Death

RECEIVED
JAN 31 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 510 Oakley Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): 591
c. (Last): PECK

4. DATE OF DEATH (Month) (Day) (Year): Jan 19 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 10-22-1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife and hotel maid
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lima, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ephriam Wells 01 — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Cecily Kershaw — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records, J.W. Moris M.D. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PNEUMONIA pneumonitis (ACUTE INTERSTATIAL — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): interstial fibrosis — several years
DUE TO (c): CORPULMONALE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 2, 1966, *to* Jan. 19, 1967, *that I last saw the deceased alive on* Jan. 19, 1967, *and that death occurred at* 8:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J.W. Moris M.D. 598 (Degree or title)
23b. ADDRESS: State Tuberculosis Hospital
23c. DATE SIGNED: 1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-67
24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens
24d. LOCATION (City, town, or county) (State): Burley Idaho

DATE REC'D BY LOCAL REG.: 11-26-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. FUNERAL DIRECTOR: Robert S. Meyer — ADDRESS: Gooding Idaho
Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Dr. B. G. Bodmer

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 305
Local Reg. No. 2928
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 FEB 8 1967 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give) Gooding
c. LENGTH OF STAY (In this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 942 Montana Street

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) Thurston c. (Last) Casaday

4. DATE OF DEATH (Month) (Day) (Year) January 24, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan. 21, 1894

9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairy Manufacture and Police(Ret)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Eight Mile, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jake Casaday

BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Mary Unknown

BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-07-7305

17. INFORMANT'S OWN SIGNATURE Mrs Bonnie Peterson ADDRESS Gooding, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency — INTERVAL BETWEEN ONSET AND DEATH Instant...

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c) Heart Disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1967, to 24 Jan, 1967, *that I last saw the deceased alive on* 24 Jan, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bernard A. Holmes M.D.

23b. ADDRESS Gooding Idaho

23c. DATE SIGNED 25 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-28-1967

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 2-6-67

REGISTRAR'S SIGNATURE Valeta Meyer

25. EMBALMER Roberts Meyer

LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 306
Local Reg. No. 2929
Reg. Dist. No. 420

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Gooding 240 FEB 8 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 11th Avenue West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Route # 2 S.W. of City

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Aitken

4. DATE OF DEATH (Month) (Day) (Year) January 31, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 7, 1909
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Bellevue, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME William Aitken BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Margaret Veitch BIRTHPLACE Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-3551
17. INFORMANT'S OWN SIGNATURE Alice Aitken ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962 *to* 31 Jan, 1967, *that I last saw the deceased alive on* 28 Jan, 1967, *and that death occurred at* 3:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Palmer 049 (Degree or title) M.D.
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 3 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 2-6-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME Thompson Chapel, Gooding, Ida

FEB 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 307
Local Reg. No. 3
Reg. Dist. No. 240

RECEIVED JAN 30 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 250 Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Vital Statistics Registration District) Grangeville
c. LENGTH OF STAY (In this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 615 South Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location) 615 South Street

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) WRIGHT
c. (Last) GRANT

4. DATE OF DEATH (Month) (Day) (Year) Jan 1, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Oct 6, 1908

9. AGE (In years last birthday) 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grader 17

10b. KIND OF BUSINESS OR INDUSTRY Lumber

11. BIRTHPLACE (State or foreign country) Lusk, Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H Grant
BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Delia A Harding
BIRTHPLACE South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 520 05 0079

17. INFORMANT'S OWN SIGNATURE X [signature]
ADDRESS Grangeville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 527 Emphysema — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1963, *to* 1 Jan, 1967, *that I last saw the deceased alive on* 24 Oct, 1966, *and that death occurred at* 1P m., *from the causes and on the date stated above.*

23a. SIGNATURE Lowell Altman M.D 487 (Degree or title)

23b. ADDRESS Grangeville, Idaho

23c. DATE SIGNED 21 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE XX 1/5/1967

24c. NAME OF CEMETERY OR CREMATORY Mt Idaho

24d. LOCATION (City, town, or county) Grangeville Rural (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 26, 1967

REGISTRAR'S SIGNATURE Irma Cone

25. EMBALMER Robert R Hansen [signature]

LICENSE NO. E 433

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 14 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 01 2011

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 308
Local Reg. No. 1
Reg. Dist. No. 242

BIRTH NO.

RECEIVED FEB 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN: Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenterville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Imelda	R.	Uptmor	Jan	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	Feb 28 1933	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Greencreek, Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Joseph Trautman — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Ann Nuxoll — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edwin F. Uptmor ADDRESS: Kenterville,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Viral Hepatitis	6 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Anuria -	

0927

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24, 1966, *to* Jan. 11, 1967, *that I last saw the deceased alive on* January 11 1967, *and that death occurred at* 2:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 399 Wesley F. Orr MD (Degree or title)
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: Jan. 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 14 67
24c. NAME OF CEMETERY OR CREMATORY: Community
24d. LOCATION (City, town, or county) (State): Kenterville, Idaho

DATE REC'D BY LOCAL REG.: Jan. 13, 1967
REGISTRAR'S SIGNATURE: Wesley F. Orr M D by m
25. EMBALMER: Uhlorn
LICENSE NO.: E 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 309
Local Reg. No. 2
Reg. Dist. No. 240

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 250 JAN 27 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho County Nursing Home 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cottonwood
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Clara
b. (Middle) R.
c. (Last) Sonnen

4. DATE OF DEATH (Month) Jan (Day) 14 (Year) 67

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Jan 16 1892
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Uniontown, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Sonnen BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Frances Werman BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 60 5568 J
17. INFORMANT'S OWN SIGNATURE Albine Sonnen ADDRESS Cottonwood

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Death from Natural Causes — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7954

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14, 1967 *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 8:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 373 (Degree or title) W M Mannion MD
23b. ADDRESS Grangeville, Id.
23c. DATE SIGNED Jan 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 17 1967
24c. NAME OF CEMETERY OR CREMATORY Catholic
24d. LOCATION (City, town, or county) (State) Greencreek, Idaho

DATE REC'D BY LOCAL REG. Jan. 24, 1967
REGISTRAR'S SIGNATURE Irma Cone
25. EMBALMER Curtis Uhlorn
LICENSE NO. E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 310
Local Reg. No. 774
Reg. Dist. No. 244

Certificate of Death

RECEIVED JAN 25 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): in car - on way to Hospital 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Stites
d. STREET ADDRESS (If rural, give location): 1/2 mile North of town

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Duane
c. (Last): Kornoely

4. DATE OF DEATH (Month) (Day) (Year): Jan. 15 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: May 15, 1965
9. AGE (In years last birthday): 1 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3002
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Orofino Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Edward Kornoely, Jr. — BIRTHPLACE: Kamiah, Idaho
14. MOTHER'S MAIDEN NAME: Anna Lou Kiele — BIRTHPLACE: Kamiah, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Peter E Kornoely Jr — ADDRESS: Box 115 Kooskia

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9210

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Aspiration of kidney bean into trachea — " "
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Dead on Arrival

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Stites, Idaho, Idaho 250
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 15, 1967 8:40 A. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: See 18 above

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Morrison M.D. 373
23b. ADDRESS: Grangeville, Id
23c. DATE SIGNED: Jan 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18, 1967
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG.: Jan 23 1967
REGISTRAR'S SIGNATURE: Claude Trenary
25. EMBALMER: Cletus Aldhorn
LICENSE NO.: E421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 311
Local Reg. No. 4
Reg. Dist. No. 240

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN: Grangeville
c. LENGTH OF STAY (in this place): one week
d. FULL NAME OF HOSPITAL OR INSTITUTION: General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 328 North B Street

3. NAME OF DECEASED (Type or Print): a. (First) EDITH b. (Middle) MAY c. (Last) HOUGER

4. DATE OF DEATH: (Month) (Day) (Year) January 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 5, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown Foster — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 60 9635
17. INFORMANT'S OWN SIGNATURE: Charles Houger Jr — ADDRESS: Grangeville, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, 1966, *to* Jan 18, 1967 *that I last saw the deceased alive on* Jan 17, 1967, *and that death occurred at* 1:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm Morrison, M.D. 373
23b. ADDRESS: Grangeville, Id
23c. DATE SIGNED: Jan 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Jan. 26, 1967
REGISTRAR'S SIGNATURE: Lyma Cone
25. EMBALMER: Robert Hansen — Robert Hansen
LICENSE NO.: E 433

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 312
Local Reg. No. 7
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
FEB 2 1967

1-03

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 32 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursinghome 276

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): Grangeville, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): HORACE
b. (Middle): GREELY
c. (Last): CHICANE

4. DATE OF DEATH (Month) (Day) (Year): January 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 24, 1872

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Matamora, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Chicane
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Rose Ann Thomas
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 42 3205

17. INFORMANT'S OWN SIGNATURE: Victor Chicane sr
ADDRESS: Fenn, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 491X Bilateral Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart disease Several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 April, 1964, *to* 19 Jan, 1967, *that I last saw the deceased alive on* 18 Jan, 1967, *and that death occurred at* 12:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: D Saltman 487
(Degree or title): M.D
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 25 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Denver
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho Rural

DATE REC'D BY LOCAL REG.: Jan 30 1967
REGISTRAR'S SIGNATURE: Irma Cone

25. EMBALMER: Robert R Hansen Robert R Hansen
LICENSE NO.: E 433

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 3 1 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 313
Local Reg. No. 11
Reg. Dist. No. 142

BIRTH NO.

RECEIVED FEB 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greenacres
d. STREET ADDRESS (If rural, give location): E 17905

3. NAME OF DECEASED (Type or Print)
a. (First): Elijah
b. (Middle): Albert
c. (Last): Gilman

4. DATE OF DEATH: (Month) Jan. (Day) 19 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	Married 3	Mar. 6, 1887	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Mining	South Hart, No. Dak.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis Gilman	Ohio	Hanna E. Carry	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-2671	Martha E. Gilman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anemia - Renal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): bleeding from GI tract
DUE TO (c): Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Myocardiac

INTERVAL BETWEEN ONSET AND DEATH: Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-10, 1967, *to* 1-19, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* 7:14 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
494 Patient Attdt	Kellogg Idaho	1-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 21, 1967	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/26/67	Joe Durane	Donald Maisel	452

FIRM NAME: Maisel Funeral Chapels

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JAN 3 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 314
Local Reg. No. 5
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 313 North C Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 313 North "C" Street

3. NAME OF DECEASED (Type or Print): a. (First) TONY b. (Middle) JOHN c. (Last) RYLAARSDAM

4. DATE OF DEATH: (Month) January (Day) 19, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	August 3, 1887	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer, retired 64
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nieukop, Holland
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Marinus Rylaarsdam — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Heart Block Complete	Minute
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Hypertensive Heart Disease	Few Years
DUE TO (c)	Obesity & other causes	years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Auricular Fibrillation & other Cardiac irregularity	6 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 3, 1962, *to* JAN 13, 1967, *that I last saw the deceased alive on* JAN 13, 1967, *and that death occurred at* P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William H. Greenwood 189	MD	GRANGEVILLE IDAHO	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/24/67	Prairieview	Grangeville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 26, 1967	Irma Cone	Robert H. Hansen Robertson-Hansen	E433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 315
Local Reg. No. 6
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 250
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West 607 North Street 650

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): West 607 North Street

3. NAME OF DECEASED (Type or Print)
a. (First): RANCE
b. (Middle): L.
c. (Last): STEWART

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 4, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill fireman 17
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ava, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Deward Stewart — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Florence Lynch — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 512-07-5215
17. INFORMANT'S OWN SIGNATURE: Ruby Reininger — ADDRESS:

18. CAUSE OF DEATH 180X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INANITION & UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidney Failure, Carcinomatosis — 2 months
DUE TO (c) Kidney CANCER — 3 months?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): GRANGEVILLE
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 4, 1966, *to* Jan 19, 1967, *that I last saw the deceased alive on* Jan 4, 1967, *and that death occurred at* 11:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 189 (Degree or title): William J. Greenwood MD
23b. ADDRESS: GRANGEVILLE IDAHO
23c. DATE SIGNED: Jan 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/24/67
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville Idaho

DATE REC'D BY LOCAL REG.: Jan. 26, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robertson - Hansen — Robert R. Hansen
LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 316
Local Reg. No. 1
Reg. Dist. No. 640

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton
LENGTH OF STAY (in this place) min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Terreton Church 02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 383 W. 1st S.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	WILLIAM	RADFORD	Jan. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MAle	White	Married 3	Mar. 14, 1932	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Auto & Farm Mach.	Ririe, Idaho.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glen Radford	Ririe, Idaho.	Dorothy Monroe	Neb. Republican City;

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	1952-1955 6	518-34-8842	Lois Radford	Rigby, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	04 Street	Terreton Jefferson Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Jan. 15, 1967 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

JAN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

APR 5 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 13 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho. on 1/15/1967

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 317
Local Reg. No. 2
Reg. Dist. No. 6-40

RECEIVED JAN 26 1967 5-05

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Terreton Church (R)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lorenzo
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) LEE c. (Last) MASSENGALE

4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH July 14, 1938

9. AGE (In years last birthday) 28 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Clark, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME F. L. Massengale — BIRTHPLACE South Dakota

14. MOTHER'S MAIDEN NAME Sadie Mae Browning — BIRTHPLACE Annis, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1956-1958 8164

16. SOCIAL SECURITY NO. 518-42-8570

17. INFORMANT'S OWN SIGNATURE F. L. Massengale — ADDRESS Lorenzo, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Internal injuries — INTERVAL BETWEEN ONSET AND DEATH Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street

21c. (CITY, TOWN, OR TOWNSHIP) Terreton 260 **(COUNTY)** Jefferson **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) January 15, 1967 P

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Automobile collision.

22. *I hereby certify that* XXXX

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 1/15/1967

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 26 1967 Bureau of Vital Statistics

State File No. 318
Local Reg. No. 3
Reg. Dist. No. 6-40

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson (260)
b. CITY OR TOWN: Terreton (070)
Statistics of: accident
d. FULL NAME OF HOSPITAL OR INSTITUTION:

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (300)
b. COUNTY: Lemhi
c. CITY OR TOWN: Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lanny	Fred	Ziegler	Jan. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Dec. 15, 1942	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forest Service (08)		Challis, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred A. Ziegler	Idaho	Alice May Prestwich	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
National Guard at death	517-44-3227	Fred Ziegler	Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head & Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	66 Highway	Terreton, Jefferson, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
January 15, 67 6:30 P.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Automobile Accident

22. *I hereby certify that I attended the deceased from* [illegible] *to* [illegible] *19* [illegible], *that I last saw the deceased alive on* [illegible] *19* [illegible] *and that death occurred at* 6:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norman E. Hall (4)	Rigby, Idaho	20 JAN 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-19-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/19/67	Mrs A B Eckersell	C. M. Modd	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 30 1967

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 319
Local Reg. No. 4
Reg. Dist. No. 640

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Carson Nursing Home 097

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson 260
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
d. STREET ADDRESS (If rural, give location): Rte. #2 Rigby, Idaho.

3. NAME OF DECEASED (Type or Print): a. (First) DELORA b. (Middle) (LOLA) c. (Last) SWAIN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1967

5. SEX: FeMale

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Mar. 23, 1887

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Joe Town, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melvin Ross
BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Ellen Haddon
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): NOne

16. SOCIAL SECURITY NO.: 700-09-8064T

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Rte. #2 Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic Heart Disease — years

DUE TO (c): Arteriosclerosis + Hypertension — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: none performed

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1960, *to* Jan. 16, 1967, *that I last saw the deceased alive on* Jan. 15, 1967, *and that death occurred at* 5:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Tall 522
(Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton
24d. LOCATION (City, town, or county) (State): Shelton Bonneville Ida,

DATE REC'D BY LOCAL REG.: 1/18/67
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 1/16/1967

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 320
Local Reg. No. 5
Reg. Dist. No. 640

RECEIVED JAN 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
c. LENGTH OF STAY: 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 1st West Street 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): 540 1st East Street

3. NAME OF DECEASED (Type or Print): a. (First) JULIA b. (Middle) ELIZABETH c. (Last) SPRACHER

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 14, 1883

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Neeley, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Melvin Ross — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Ellen Haddon — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: J. R. Sprague — ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio-Vascular-Renal Disease — 15 Years
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

44.2X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* Jan. 18, 1967, *that I last saw the deceased alive on* Jan 11, 1967, *and that death occurred at* 5:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Clifford E. Rigby — (Degree or title): M.D.

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton

24d. LOCATION (City, town, or county) (State): Shelton Bonneville Idaho

DATE REC'D BY LOCAL REG.: 1/29/67

REGISTRAR'S SIGNATURE: Mrs A B Eckersell

25. EMBALMER: Bruce A. Eckersell — LICENSE NO.: E-404

FIRM NAME: Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 321
Local Reg. No. 6
Reg. Dist. No. 640

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 260
a. COUNTY Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
c. LENGTH OF STAY (in this place) Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 119 North State Street 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 186 Dove Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) MERLIN
b. (Middle) ARTHUR
c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) January 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 21, 1920
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plant Manager 26
10b. KIND OF BUSINESS OR INDUSTRY: Kraft Foods
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho.
12. CITIZEN OF WHAT COUNTRY? U.S..A.

13. FATHER'S NAME: Henry A. Nelson — BIRTHPLACE: Provo, Utah.
14. MOTHER'S MAIDEN NAME: Ida M. Turpin — BIRTHPLACE: Holladay, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WWII 4
16. SOCIAL SECURITY NO. 518-14-8806
17. INFORMANT'S OWN SIGNATURE: Dorothy Nelson — ADDRESS: Rigby, Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1965, *to* January 19 1967, *that I last saw the deceased alive on* 1/19, 1967, *and that death occurred at* 5:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 521 Eldon Tall (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: 1/24/67
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.
Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JAN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature. FEB 10 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E 404 at Rigby, Idaho on 1/19/1967

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 322
Local Reg. No. 952
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JAN 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 27D
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 27D
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 1011 No. Buchanan

3. NAME OF DECEASED (Type or Print) a. (First) PERCY b. (Middle) 099 JAMES c. (Last) HITE
4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 17, 1898
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Jasper, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Hite BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Dilla Hough BIRTHPLACE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. I 3
16. SOCIAL SECURITY NO. 518 36 5999
17. INFORMANT'S SIGNATURE X Mrs Jennie Hite ADDRESS Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2017X Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hodgkins Disease — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Jan, 1966, *to* 2 Jan, 1967, *that I last saw the deceased alive on* 2 Jan, 1967, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE L. M. Neher, 385 (Degree or title)
23b. ADDRESS Jerome
23c. DATE SIGNED 4 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) (State) Jerome, Idaho

DATE REC'D BY LOCAL REG. Jan. 6, 1967
REGISTRAR'S SIGNATURE Francesca M. Scherer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 323
Local Reg. No. 953
Reg. Dist. No. 440

Certificate of Death

RECEIVED JAN 9 1967 Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF TOWN: 400
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 329 2nd Ave West

3. NAME OF DECEASED (Type or Print)
a. (First): Mollie
b. (Middle): Mary 099
c. (Last): Claar

4. DATE OF DEATH (Month) (Day) (Year): January 3 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 26 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months 9, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tampa Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Pope — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elizabeth Koehler — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-34-3463
17. INFORMANT'S OWN SIGNATURE: AX Lloyd R. Claar — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural causes in sleep — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, hypertension — Years

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 1/3/67, 19__, *that I last saw the deceased alive on* 12/31, 1966, *and that death occurred at* 3:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Smail 477 (Degree or title): MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 1/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 7 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Jan 6, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J. C. Wiley Lic. No. E258 at Jerome Idaho on Jan-8-1968

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 324
Local Reg. No. 957
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JAN 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Buhl
d. STREET ADDRESS (If rural, give location): Rural Route 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jesse	Franklin	Nipper	Jan. 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 10, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Own Farm	Cleveland, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Stephen Nipper	Tennessee	Malinda Jane Barger	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-9670A	x Jesse F. Nipper	Buhl R#3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary insufficiency — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterio sclerosis
DUE TO (c) diabetis mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pulmunary insufficiency

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-24- *, 19* 66 *to* 1-8- *, 19* 67 *, that I last saw the deceased alive on* 1-8- *, 19* 67 *, and that death occurred at* 11:05am *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Wendell, Idaho	1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 11, 1967	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 13 1967	Louella M. Deherer	[signature]	E-482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 19 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 325
Local Reg. No. 955
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JAN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 27 b. CITY OR TOWN Jerome c. LENGTH OF STAY (in this place) 60

d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 400 4th. Ave. West

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) RUTH 099 c. (Last) GRIFFITH

4. DATE OF DEATH (Month) (Day) (Year) Jan. 9, 1967

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan. 2, 1899 | 9. AGE (In years last birthday) 68 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Sheldon, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 555 30 2266

17. INFORMANT'S OWN SIGNATURE X Laurence W. Griffith ADDRESS Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4427

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V.R. disease — yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1963, *to* 9 Jan, 1967, *that I last saw the deceased alive on* 8 Jan, 1967, *and that death occurred at* 4:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE H. W. Baker, M.D. (Degree or title) | 23b. ADDRESS Jerome | 23c. DATE SIGNED 10 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE Jan. 11, 1967 | 24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery | 24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. Jan. 12 1967 | REGISTRAR'S SIGNATURE Louella M. Scherer | 25. EMBALMER. Wilber L. Hove | LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
States Public Health Service

Form DH-63021

Print, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 3 1967

JUN 25 2010

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 326
Local Reg. No. 956
Reg. Dist. No. 4-4-0

BIRTH NO. 66-11044

RECEIVED JAN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eden (Rural)
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 mi. west of Eden 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eden (Rural)
d. STREET ADDRESS (If rural, give location) 10 Mi. west of Eden

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THOMAS	VERNON	WALKER	Jan. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Nov. 3, 1966		2	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	at home	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Toney Walker	Arkansas	Iola Renona Yost	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	X Toney Walker	Box 345, Eden, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral Bronchopneumonia (Presumptive) — INTERVAL BETWEEN ONSET AND DEATH 1 D.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* none, 19__, *to* none, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 4:00a approx. *m. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. McKelvey Cor. 583 Coroner	Jerome, Idaho.	16 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 13, 1967	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 12 1967	Louella M Scherer	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 327
Local Reg. No. 958
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Jerome 270	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 270 b. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 000	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099	d. STREET ADDRESS (If rural, give location): 508 4th. Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DELBERT	LAMONT	CROTHERS	Jan. 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 5, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (retired) 04	Agriculture	Princeton, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rolley D. Crothers	Indiana	Saphronia Campbell	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 42 5663	X Mrs Oline Crothers	Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5705

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Dos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Partial Bowel Obstruct — 1½ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-1, 1966, *to* 1-17, 1967, *that I last saw the deceased alive on* 1-16, 1967, *and that death occurred at* 4:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Watson MD 336	Jerome Ida	1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 19, 1967	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 23, 1967	Louella M. Scherer	Wilber L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 328
Local Reg. No. 960
Reg. Dist. No. 440

Certificate of Death

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY: Jerome County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome Rt. 2
c. LENGTH OF STAY (If not in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 Rural 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Jerome
d. STREET ADDRESS (If rural, give location): Rt. 2 Rural

3. NAME OF DECEASED (Type or Print)
a. (First): Arvid
b. (Middle): R.
c. (Last): Olson

4. DATE OF DEATH (Month) (Day) (Year): January 24, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 2-14-97
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Shore, South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Olaf Wm. Olson 21
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-09-7555
17. INFORMANT'S OWN SIGNATURE: Della P. Olson
ADDRESS: Rt. 2 Jerome, Idaho

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic C.V.R. disease — INTERVAL BETWEEN ONSET AND DEATH: yrs -

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none *19__, to* none *19__, that I last saw the deceased alive on* none *19__, and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): R. M. Neher, M.D. Coroner
23b. ADDRESS: Jerome
23c. DATE SIGNED: 26 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-28-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: Jan. 26, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 10 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. NOV 18 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 329
Local Reg. No. 761
Reg. Dist. No. 440

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY IN (this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1000 South Davis 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 931 So. Fillmore

3. NAME OF DECEASED (Type or Print)
a. (First): EMMER
b. (Middle): HARRIET
c. (Last): TWITCHELL

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 20, 1889
9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 07
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Cannonville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Dutton
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Matilda Fletcher
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: Mrs Laurence Perine
ADDRESS: Jerome, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4331 Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mural Thrombus Heart — 2 yrs.
DUE TO (c) arteriolar fibrillation — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 11, 1954, *to* Jan 27, 1967, *that I last saw the deceased alive on* Jan 27, 1967, *and that death occurred at* 3:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Hart (Degree or title): M.D.
23b. ADDRESS: Jerome, Ida
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Feb. 1, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 330
Local Reg. No. 962
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY: JEROME
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 2 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. BENEDICT HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 270
b. COUNTY: JEROME
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
d. STREET ADDRESS (If rural, give location): 609 E. MAIN.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): M 099
c. (Last): LEE

4. DATE OF DEATH (Month) (Day) (Year): JAN. 28, 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: FEB. 8, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 61
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): OAKLEY IDAHO.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. H. CRANER — BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: ROSENA LEE — BIRTHPLACE: UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY: 567-30-1230
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11/14/66
19b. MAJOR FINDINGS OF OPERATION: Metastatic Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/1, 1959, *to* 1/28, 1967, *that I last saw the deceased alive on* 1/28, 1967, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J E Moat 476 MD
23b. ADDRESS: Jerome Idaho
23c. DATE SIGNED: 1/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): 3 REMOVAL
24b. DATE: 1/31/1967
24c. NAME OF CEMETERY OR CREMATORY: OAKLEY
24d. LOCATION (City, town, or county) (State): CASSIA CO. IDAHO.

DATE REC'D BY LOCAL REG.: Feb. 2, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: J. Forrest Weaver — LICENSE NO.: E353
FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 16 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

NOV 16 1979

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 331
Local Reg. No. 963
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN Jerome
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN Wendell
d. STREET ADDRESS (If rural, give location) 293 East Ave. "B"

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BAZLE	LEON 099	HOSACK	Jan. 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 27, 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bldg. Contractor,	Construction	Aurora, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Hosack	unknown	Rasha P. Mitchell	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		505 09 8904	X Rasha P. Hosack	Wendell, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary artery disease - 4937 — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 1-28- , 1967 , *to* 1-30- , 1967 , *that I last saw the deceased alive on* 1-30- , 1967 , *and that death occurred at* 11:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Scherer MD	Wendell, Idaho	Feb. 1, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 2, 1967	Wendell Cemetery	Wendell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Louella M. Scherer	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 332
Local Reg. No. 1
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 1 day 3-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Nettleton Gulch

3. NAME OF DECEASED (Type or Print)
a. (First): Violet
b. (Middle): Pearl
c. (Last): Dormeyer

4. DATE OF DEATH (Month) 1 (Day) 2 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 4-15-1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clarence A. Packer — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Rosella Stark — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ----- (If yes, give war or dates of service): -------
16. SOCIAL SECURITY NO.: 518-36-7398
17. INFORMANT'S OWN SIGNATURE: Nelly Kampnar — ADDRESS: 1818 N. 4th Coeur d'Alene, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ASHD c̄ Chronic Congestive Failure — years
DUE TO (c): Rheumatoid arthritis - severe — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture neck of Rt femur — 1 day

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: 0
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 281 (COUNTY) (STATE): Coeur d'Alene Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan 1, 67 9 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Fell when had heart attack

22. *I hereby certify that I attended the deceased from* 1.1, 1967, *to* 1.2, 1967, *that I last saw the deceased alive on* 1.1, 1967, *and that death occurred at* 1:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clifton H. Hyde, Jr. M.D. 313
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1.5.67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-4-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Jan 9 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. K. Kiplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 333
Local Reg. No. 9
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
JAN 23 1967

1. PLACE OF DEATH
a. COUNTY Kootenai 28/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur dI Alene
c. LENGTH OF STAY (in this place) 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28/
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 811 Indiana

3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) Jane 101 c. (Last) Rodigrass

4. DATE OF DEATH (Month) Jan. (Day) 4, (Year) 1967

5. SEX M

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widoded 2

8. DATE OF BIRTH Mar. 3, 1865

9. AGE (In years last birthday) 101 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 30

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Groverland, Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter S. Peabody, Mass. BIRTHPLACE

14. MOTHER'S MAIDEN NAME Mary Poore, Mass. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-54-0537

17. INFORMANT'S OWN SIGNATURE ADDRESS Mrs. George Snyder, Coeur d' Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 53, *to* Jan ____, 19 67, *that I last saw the deceased alive on* Jan 4, 19 67, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 192 — 23b. ADDRESS 302 W 5th Cd A — 23c. DATE SIGNED 9 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/7/1967

24c. NAME OF CEMETERY OR CREMATORY Normall Hill,

24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. Jan. 20, 1967

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER Fred H. Noland — LICENSE NO. E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 334
Local Reg. No. 2
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JAN 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Medimont
c. LENGTH OF [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Enroute to Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Medimont
d. STREET ADDRESS (If rural, give location): Medimont, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): V.
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 19, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joe Moe — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Melissa Andersen — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Mrs. Elaine Biotti — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Infarct — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 5, 1967, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 2 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Stoltz 494
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 7-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Medimont
24d. LOCATION (City, town, or county) (State): Medimont, Idaho

DATE REC'D BY LOCAL REG.: Jan 10, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 335
Local Reg. No. 4
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1020 N. Fifth St.

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) M. 101 c. (Last) Clover

4. DATE OF DEATH (Month) Jan. (Day) 8, (Year) 1967

5. SEX M
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 8-17-1881
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City of Harrison
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Clarion Co., Penn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Levi Clover, 08 BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Jane MacClay BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 503-07-5916
17. INFORMANT'S OWN SIGNATURE Alma Clover, ADDRESS Coeur d' Alene, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate c̄

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Widespread Metastases.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13-64, *19*___, *to* present, *19*___, *that I last saw the deceased alive on* 1-8-67, *19*___ *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 128 [signature] (Degree or title)
23b. ADDRESS 816 Sherman, Coeur d'Alene, Idaho
23c. DATE SIGNED 1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 11 67
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG. Jan. 20 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Fred Noland
LICENSE NO. E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 2 8 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Lyons RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 336
Local Reg. No. 6
Reg. Dist. No. 120

BIRTH NO.

JAN 28 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 287
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (in this place) 5 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mont. 555
b. COUNTY Silver Bow
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Butte
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Walter	Stokley	March		1	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	4-30-1873	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manufacturer 20	Rope Twine	Philadelphia, Penn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	Unobtainable	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	159-01-4637	Walter S. March, Jr.	Sequim, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chronic osteomyelitis L/Hip — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-2-62, 19__, to 1-13-67, 19__, that I last saw the deceased alive on 1-8-67, 19__, and that death occurred at 10:15 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coeur d'alene, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	1-16-67	Moon's Crematory	Spokane, Wn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan 18 1967	Lorraine K. Brush	Bill Duff	E-439

FIRM NAME: English Chapel - Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 337
Local Reg. No. 5
Reg. Dist. No. 120

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28/ JAN 23 1967 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
LENGTH OF STAY (in this place) 29 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Rest Home 26/

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tensed
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Guy	Joseph	Kennedy	January 13 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	August 13, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Diversified	Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Washington Kennedy	No Information	No Information	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Mrs William Johnson	Council Idaho

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Rapid

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Several Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* 1-13, 1967, *that I last saw the deceased alive on* 1-13, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. 592	Coeur d'alene, Idaho	1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/17/1967	Sacred Heart Mission	Tensed Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 20, 1967	Lorraine K. Bruce	Gerald Browning	E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: AUG 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 338
Local Reg. No. 10
Reg. Dist. No. 120

BIRTH NO. 281

JAN 23 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene (Township) — LENGTH OF STAY (in this place): 1-wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.M. Hospital 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280 b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt# 2

3. NAME OF DECEASED (Type or Print): a. (First) Ewell b. (Middle) J. c. (Last) Waller

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 14, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 14, 1906

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Well driller

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Spokane, Wash.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Y. Waller — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Bessie Snapp — BIRTHPLACE: VA.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-03-1480

17. INFORMANT'S OWN SIGNATURE: C E Waller — ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-24, 1966, to 1-14, 1967, that I last saw the deceased alive on 1-13, 1967, and that death occurred at 4 A m., from the causes and on the date stated above.

23a. SIGNATURE: D.O.S. Frank Barclay M.D. (Degree or title)

23b. ADDRESS: Coeur d Alene

23c. DATE SIGNED: 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-17-67

24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery

24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: Jan 18 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: [illegible]

LICENSE NO.: E-397

FIRM NAME: English Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 339
Local Reg. No. 11
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281
a. COUNTY: Kootenai 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene,
d. STREET ADDRESS (If rural, give location): 1308 N. 13th

3. NAME OF DECEASED (Type or Print)
a. (First): Clifford
b. (Middle): J.
c. (Last): Wilmer

4. DATE OF DEATH (Month) 1 (Day) 14 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 13, 1923
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Dealer 24
10b. KIND OF BUSINESS OR INDUSTRY: Retail
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Clifford J. Wilmer — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Blanche Pratt — BIRTHPLACE: Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-20-8669
17. INFORMANT'S OWN SIGNATURE (BE): Marjorie Wilmer, Coeur d'Alene, Ida — ADDRESS

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hyper tensive Cardio Vascular Disease — 18 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 12, 1965, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 5:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Thompson 530 MD
23b. ADDRESS: 318 Elder Bldg Coeur d'Alene, Idaho
23c. DATE SIGNED: Jan 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1-16-67
24c. NAME OF CEMETERY OR CREMATORY: Herman & Co.
24d. LOCATION (City, town, or county) (State): Helena, Montana

DATE REC'D BY LOCAL REG.: Jan. 18, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff — LICENSE NO. E-439

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 340
Local Reg. No. 8
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH 280
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
c. LENGTH OF STAY (If outside place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Oniel
c. (Last): Oleson

4. DATE OF DEATH (Month) (Day) (Year): Jan 14 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec 6 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Sioux City Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unkown — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkonw — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 538 18 5952
17. INFORMANT'S OWN SIGNATURE: Mrs. Viola Oleson — ADDRESS: Rathdrum Ida

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Abdominal Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 1965, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967 *and that death occurred at* 4:30 AM *from the causes and on the date stated above.*

23a. SIGNATURE 622 (Degree or title): [signature] M.D.
23b. ADDRESS
23c. DATE SIGNED: 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-18-67
24c. NAME OF CEMETERY OR CREMATORY: Pinegrove
24d. LOCATION (City, town, or county) (State): Rathdrum Idaho

DATE REC'D BY LOCAL REG.: Jan. 20, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Gilbert Yates
LICENSE NO.: E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 341
Local Reg. No. 3
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
c. LENGTH OF STAY (In this place): 18 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 935 Birch

3. NAME OF DECEASED (Type or Print): a. (First) Pearl b. (Middle) S c. (Last) Braun

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 8 1873

9. AGE (In years last birthday): 94
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Austinburg Ohio

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hector Webb
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Mary Baldwin
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE

ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis 332X
INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General + Cerebral arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25-66, 19__, *to* 1-14-67, 19__, *that I last saw the deceased alive on* 1-11-67, 19__, *and that death occurred at* 12:15 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 17 67

24c. NAME OF CEMETERY OR CREMATORY: Restlawn

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Jan. 20, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Gilbert Yates

LICENSE NO.: E-365

FIRM NAME: Yates Funeral

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 342
Local Reg. No.
Reg. Dist. No. 12

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 508 N. 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ruth
b. (Middle) Alma 101
c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year) Jan. 15, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH June 23, 1905

9. AGE (In years last birthday) 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Litchfield, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles E. Randle
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Maude Rogers
BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Frank C Myers
ADDRESS Cd'A, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 260X Diabetes mellitus
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 12 1967 *to* Jan 15, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 3 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M D

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 18 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1-18-1967

24c. NAME OF CEMETERY OR CREMATORY Greenwood Cemetery

24d. LOCATION (City, town, or county) Spokane (State) Washington

DATE REC'D BY LOCAL REG. Jan 15 1967

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER

LICENSE NO. E-397

FIRM NAME English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 343
Local Reg. No. 15
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 13 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Louise
c. (Last): Tribe

4. DATE OF DEATH (Month) Jan. (Day) 19 (Year) 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 23, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Schoolteacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: -------- Miller — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Mary ----- — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-34-5918 A
17. INFORMANT'S OWN SIGNATURE: Loren Tribe — ADDRESS: Loren Tribe by LGM

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Metastatic carcinoma breast — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1966, *to* Jan 19, 1967, *that I last saw the deceased alive on* Jan 16, 1967, *and that death occurred at* 16:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 568 W. Wray Wilson MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Jan 30, 1966
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff — LICENSE NO. E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 344
Local Reg. No. 14
Reg. Dist. No. 120

Certificate of Death

RECEIVED FEB 2 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (St. Maries)
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) Susan
b. (Middle) Love 101
c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year) January 19 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 23, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 81
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: David Haddow — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Elizabeth Sterling — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hope Clayton — ADDRESS: Rt 2 St. Maries, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1964, to _____, 1967, that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* 3 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 192 (Degree or title) M D
23b. ADDRESS: 302 W 5th Cdl
23c. DATE SIGNED: 25 Jan

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/20/1967
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county): St. Maries (State) Idaho

DATE REC'D BY LOCAL REG.: Jan 26, 1967
REGISTRAR'S SIGNATURE: [illegible]
25. EMBALMER: Gerald Browning
LICENSE NO.: E-411

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 345
Local Reg. No. 13
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. STAY (in this place): 630
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1711 Lakeside Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Christ
b. (Middle): 101
c. (Last): Holm

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 3, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber Piler 17
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mill
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Holvor Holm — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Randi Christiansen — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-0460
17. INFORMANT'S OWN SIGNATURE: Mrs Christ Holm — ADDRESS: Ida Coeur d'Alene

18. CAUSE OF DEATH 5400
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Upper G.I. Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Gastric Ulcer
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Post-op (9 days) - Cholecystectomy + Choledochostomy, Chronic Cholangitis, choledocholithiasis, cholecystitis — 10-15 years

19a. DATE OF OPERATION: 1.11.67
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis, Cholelithiasis, Choledocholithiasis, Cholangitis
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1961, *to* Jan 20, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* 10:15 *p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 3/3 Dec 67 M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-24-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: Jan 26, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 346
Local Reg. No. 12
Reg. Dist. No. 120

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO. 281

FEB 2 1967 3-01

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF TIME (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 218 E. Mullan

3. NAME OF DECEASED (Type or Print)
a. (First): Rhoda
b. (Middle): E. 101
c. (Last): Chamberlin

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 12, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry W. Wright — BIRTHPLACE: -------
14. MOTHER'S MAIDEN NAME: E. W. Chamberlin — BIRTHPLACE: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X — ADDRESS: Post Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 12 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19-, 1967, *to* 1-26, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* 7 40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Barclay MD 025
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 1-23-1967
24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Jan. 26, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Cuff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 347
Local Reg. No. 17
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 4-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 11/2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): L.
c. (Last): White

4. DATE OF DEATH (Month) (Day) (Year): January 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 5, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Theodore Massey — BIRTHPLACE: Ind.
14. MOTHER'S MAIDEN NAME: Lillian Murray — BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-03-2923
17. INFORMANT'S OWN SIGNATURE: Fred R. White — ADDRESS: Hayden Lake, Ida.

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Recurrent cerebral Anomhoses c encephalomalacia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* ____, 19__, *that I last saw the deceased alive on* 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 251 (Degree or title): Howard A Hughes MD
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-1-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Feb. 2, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger, Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 348
Local Reg. No. 18
Reg. Dist. No. 20

RECEIVED FEB 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Kootenai 28 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene — LENGTH OF STAY (in this place): 15 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 38 — b. COUNTY: Kootenai — c. CITY OR TOWN (If outside limits, write RURAL and give township): Coeur d' Alene

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp. 101

d. STREET ADDRESS (If rural, give location): 1207 Lakeside

3. NAME OF DECEASED (Type or Print) — a. (First): Eileen — b. (Middle): Esther — c. (Last): Webster

4. DATE OF DEATH — (Month): Jan — (Day): 28 — (Year): 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 10/21/1922

9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 30

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Princeton, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James Cochrane — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Mary Bunney — BIRTHPLACE: Kans.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 416 Rheumatic Cardiovascular Disease

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) ē Auricular Fibrillation + Congestive

DUE TO (c) failure.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonitis. Bilateral

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-24-67, 19___, *to* 1-28-67, 19___, *that I last saw the deceased alive on* 1-28-67, 19___, *and that death occurred at* 11:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 128

23b. ADDRESS: 616 Sherman Ave., Coeur d'Alene, Idaho

23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/1/67

24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery

24d. LOCATION (City, town, or county) (State): Freeze, Idaho

DATE REC'D BY LOCAL REG.: Feb 1, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 349
Local Reg. No. 16
Reg. Dist. No. 120

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 180
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 36

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1906 Rose Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Helen	G.	MacBean	January	30	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	June 10, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Spokane, Wash.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Vedder	Germany	McGrath	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (BE)	ADDRESS
------	----------	527-70-3254	Mrs Donna Watson	Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebro Vascular Accident	2 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Diabetes Cardio Vascular Disease	1 year.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1964, 19___, *to* 1/30/67, 19___, *that I last saw the deceased alive on* 1/29/67, 19___, *and that death occurred at* 2:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C Sederholm MD	Coeur d'Alene, Idaho	2/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	2-1-67	Moon Mortuary	Sandpoint, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 2, 1967	Lorraine K. Brush	W. M. Riplinger, Jr.	E-397

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 350
Local Reg. No. 6
Reg. Dist. No. 200

RECEIVED JAN 16 1967 Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Deary
c. LENGTH OF STAY (in this place) 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Deary
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Verna
b. (Middle) Lucille
c. (Last) Osterberg

4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 16, 1926
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Troy, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Otto Osterberg — BIRTHPLACE Troy, Idaho
14. MOTHER'S MAIDEN NAME Gradys Anderson — BIRTHPLACE Avon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. YES
17. INFORMANT'S OWN SIGNATURE X Eugene A. Osterberg — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary hemorrhage — INTERVAL BETWEEN ONSET AND DEATH immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) carcinomatosis — 1 yr.
DUE TO (c) lipofibrosarcoma femur — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1964, *to* Jan, 1967, *that I last saw the deceased alive on* 23 Dec, 1966, *and that death occurred at* 3:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE J. B. Pritzmann 057 (Degree or title)
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 9 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery
24d. LOCATION (City, town, or county) Latah County (State) Idaho

DATE REC'D BY LOCAL REG. Jan. 12, 1967
REGISTRAR'S SIGNATURE Patricia L. Kappen
25. EMBALMER E. R. Short — LICENSE NO. E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 351
Local Reg. No. 7
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN: Moscow
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Box 634 5 Lg

3. NAME OF DECEASED (Type or Print)
a. (First): Floy
b. (Middle): B. 329
c. (Last): VonLindern

4. DATE OF DEATH: (Month) Jan (Day) 4, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: 2-24-1885
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 61
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Salem, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Not Obtainable
BIRTHPLACE: -------
14. MOTHER'S MAIDEN NAME: Not Obtainable
BIRTHPLACE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-60-9753
17. INFORMANT'S OWN SIGNATURE: Greenacres ADDRESS, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — Minute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic hypertensive heart disease — years
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

1-5-67

22. *I hereby certify that I attended the deceased from* 12-20, 19 66, *to* ~~12-30~~, 19 66, *that I last saw the deceased alive on* 12-30, 19 66, *and that death occurred at* 1054A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Leslie P. Youngs 580 (Degree or title): M.D.
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 1-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Jan. 12, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Harold Ward
LICENSE NO.: E 380

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY - 9 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 352
Local Reg. No. 8
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 509 East 1st. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wilbur	Walter	Shelton	Jan. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 19, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Owner 22
10b. KIND OF BUSINESS OR INDUSTRY Paper House
11. BIRTHPLACE (State or foreign country) Pomeroy, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Shelton
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Catherine Schneckloth
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 518-36-4572
17. INFORMANT'S OWN SIGNATURE Mrs. Wilbur W. Shelton ADDRESS Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aortic Stenosis, Calcific — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Nov 1965 *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 5 1967, *and that death occurred at* 8:08A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Claude H. Kletz M.D.	Pullman Washington	Jan 9 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	Jan. 9, 1967	Moscow Cemetery	Moscow	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 12, 1967	Patricia L. Kappen	E. R. Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967
AUG 02 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 353
Local Reg. No. 9
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 953 N. 5th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Birdie
b. (Middle): E. 329
c. (Last): Corey

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 30, 1870
9. AGE (In years last birthday): 96 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Troy, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Amos Garner — BIRTHPLACE: Not Available
14. MOTHER'S MAIDEN NAME: Not Available — BIRTHPLACE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-6493
17. INFORMANT'S OWN SIGNATURE: Frances E. Capaul — ADDRESS: Ida. Coeur dAlene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Disabilities of old age — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Some type of heart trouble — 10 years
Tumor Right lower abdomen — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15-, 1966, *to* 1-6-, 1967, *that I last saw the deceased alive on* 1-2-, 1967, *and that death occurred at* 12:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie P. Youngs 580 M.D.
23b. ADDRESS: Troy, Idaho
23c. DATE SIGNED: 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-9-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: E. Russell Short — LICENSE NO. 420

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician William P. Wood, M.D., 212 S. 11th St, Coeur d'Alene, was her physician until recently.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended February 20, 1967

Certificate of Death

STATE OF IDAHO

State File No. 354
Local Reg. No. 10
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 43 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 917 So. Adams

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 917 So. Adams

3. NAME OF DECEASED (Type or Print)
a. (First): Ray
b. (Middle): Calvin
c. (Last): Shoop

4. DATE OF DEATH: (Month) Jan. (Day) 9, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan 26, 1905

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painting 21

10b. KIND OF BUSINESS OR INDUSTRY: Contract

11. BIRTHPLACE (State or foreign country): Lenville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles N. Shoop
BIRTHPLACE: Council Bluffs, Iowa

14. MOTHER'S MAIDEN NAME: Maud Mae Bowers
BIRTHPLACE: Falls City, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-0848

17. INFORMANT'S OWN SIGNATURE: Mrs. Ray Shoop
ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Dis. — Yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 19 63, *to* Jan 9, 19 67, *that I last saw the deceased alive on* Jan 9, 19 67, *and that death occurred at* 10:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. W. Brooks, M.D. 058
(Degree or title)

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: Jan 11, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 12, 1967

24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: Jan 17, 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: Donald Ward

LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
FEB 17 1967
Bureau of Vital Statistics

State of IDAHO } ss.
County of LATAH

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Ray Calvin Shoop (Name on Original Certificate) who died (Was Born or Died) on Jan 9, 1967 (Date of Event)
in Moscow, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Funeral Home Records (Bible Record, Insurance Policy, Etc.) prepared on 1-10-67 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#7	Never Married	Married
# 22	10:30 AM	10:30 PM

Subscribed and sworn to before me this 15th day of February, 1967

Notary Public, residing at Moscow

My commission expires 4-26-70

(Seal)

Signed .....
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

.....
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Latah

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15th day of February, 1967

Notary Public, residing at Moscow

My commission expires 4-26-70

(Seal)

Signed Donald Ward
(Signature of Any Credible Person)

424 S. Van Buren Moscow, Ida
(Street Address, City, State)

FORM DH 60-155

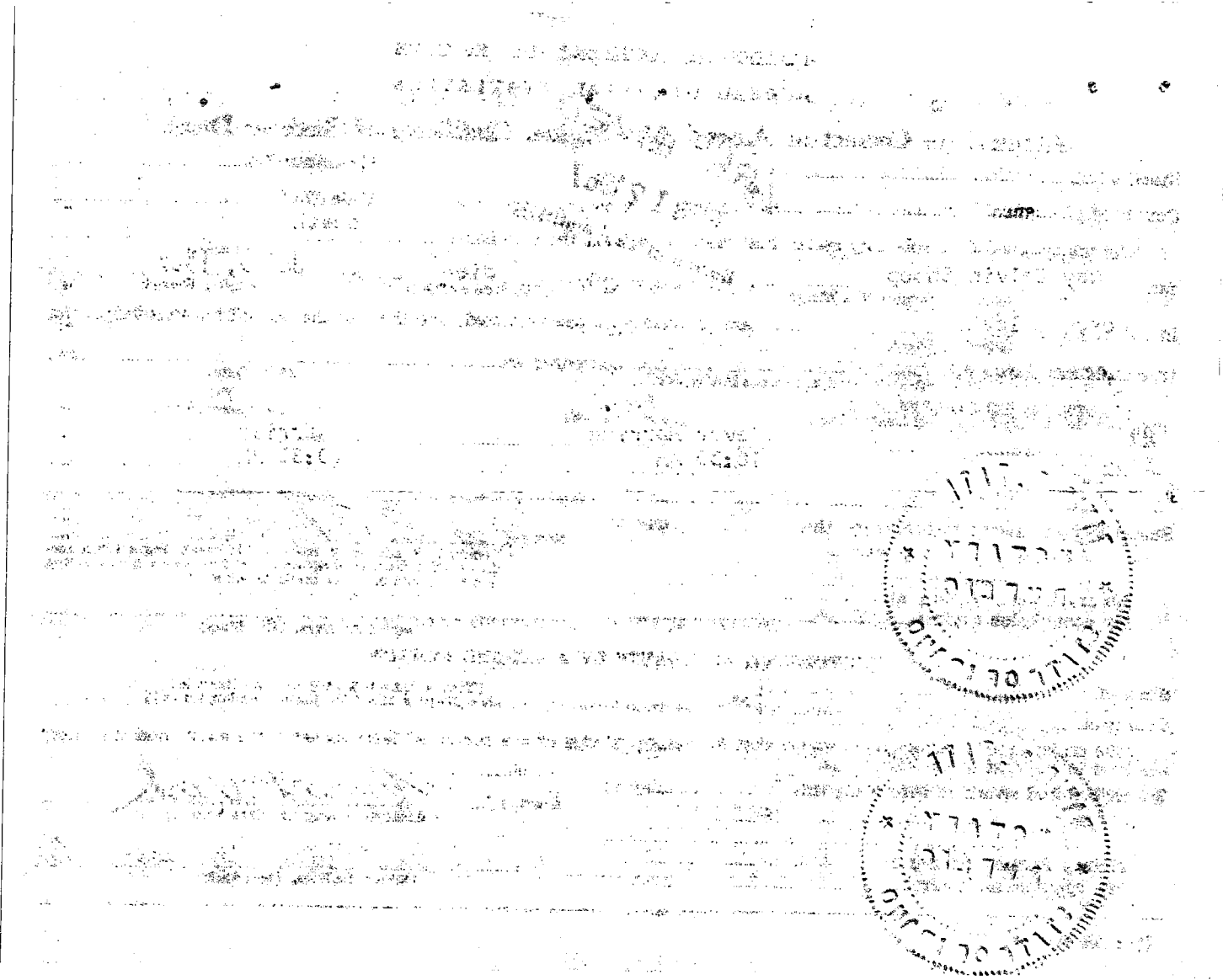

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 10
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 43 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 917 So. Adams

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 917 So. Adams

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ray	Calvin	Shoop	Jan. 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Jan. 26, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painting	Contract	Lenville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles N. Shoop	Council Bluffs, Iowa	Maud Mae Bowers	Falls City, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-20-0848	Mrs Ray Shoop	Moscow, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarction	1 Hr
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Dis	yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug. 1963, *to* Jan 9, 1967, *that I last saw the deceased alive on* Jan 9, 1967, *and that death occurred at* 10:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M D Brooks	M.D.	Moscow Idaho	Jan. 11, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 12, 1967	Moscow Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 17, 1967	Patricia L. Kappen	Ronald Ward	E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

DUTIES:

JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 355
Local Reg. No. 11
Reg. Dist. No. 200

Certificate of Death

RECEIVED JAN 20 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
c. LENGTH OF STAY (in this place): 60 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Wilhelm
c. (Last): Liberg

4. DATE OF DEATH (Month) (Day) (Year): Jan 10 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 12, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pool Hall Owner 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lars Liberg — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hanna Nilson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes / (If yes, give war or dates of service): WW1 3
16. SOCIAL SECURITY NO.: 518-22-6385
17. INFORMANT'S OWN SIGNATURE: × Mrs. John Liberg — ADDRESS: Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound of Head - Self Inflicted — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~early Am. on~~ 19__, *to* Jan. 10, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Brooks M.D. County Coroner 583
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: Jan. 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county): Genesee (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 17, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 356
Local Reg. No. 13
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 20 1967 Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jess	E.	Myers	Jan	10	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed 2	Feb 1, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber 21		Uniontown, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Myers	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-28-2099	X John Myers Jr.	Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Previous Stroke with Hemiplegia Left Side 10-20-64

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-19, 1965, *to* 1-10, 1967, *that I last saw the deceased alive on* 10-27, 1966, *and that death occurred at* 9:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph H. Wood 567	M.D.	Moscow, Idaho	1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 14, 1967	Genesee Lutheran Cem.	Genesee Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 19, 1967	Patricia L. Kappen	Ronald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: Was found dead in bed by nurse about 9:40 AM. Probably had a stroke or cardiac arrest. No evidence of movement. [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 20 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 357
Local Reg. No. 12
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 7 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) ARTHUR 329 c. (Last) GREGORY

4. DATE OF DEATH: (Month) Jan. (Day) 11 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 10, 1891

9. AGE (In years last birthday): 75 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 23

10b. KIND OF BUSINESS OR INDUSTRY: Tavern

11. BIRTHPLACE (State or foreign country): Auburn, New York

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Samuel Gregory — BIRTHPLACE: Bath, England

14. MOTHER'S MAIDEN NAME: Anne Fisher — BIRTHPLACE: Sidney, Australia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-24-3213A

17. INFORMANT'S OWN SIGNATURE: Geneva I. Faros — ADDRESS: Potlatch, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4200 Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute Congestive Heart Failure — 5 days

DUE TO (c) Arteriosclerotic Heart Dis — 4 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Auricular Fibrillation — 2 yrs.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1966, *to* Jan. 11, 1967, *that I last saw the deceased alive on* Jan. 11, 1967, *and that death occurred at* 5:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Moscow Idaho — **23c. DATE SIGNED**: Jan 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Jan. 14, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Palouse Fraternal Cem. — **24d. LOCATION** (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: Jan. 17, 1967 — **REGISTRAR'S SIGNATURE**: Patricia L. Kappen — **25. EMBALMER**: H E Kimball — **LICENSE NO.**: E-269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 358
Local Reg. No. 14
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JAN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH — a. COUNTY: Latah 29 2-07 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow — LENGTH OF STAY (in this place): 6½ months — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 123 N. Cleveland 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 29 — b. COUNTY: Latah — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow — d. STREET ADDRESS (If rural, give location): 123 N. Cleveland

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Nile	Francis	Miller	Jan.	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 5, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 26	Crowley Fence Co.	Steel, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer Miller	Unknown	Emma Sackman	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	472-05-4902	Mrs. Nile Miller	Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* auricular fibrillation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-27, 1966, *to* 1-20, 1967, *that I last saw the deceased alive on* 10-27, 1966, *and that death occurred at* 2:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph E. Nelson MD	Moscow Idaho	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 24, 1967	Moscow Catholic Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 26, 1967	Patricia L. Kappen	Donald Ward	E-330

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 16 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Was Working under house I Need to get out & was found dead in Window Well by his Wife [illegible]

Certificate of Death

STATE OF IDAHO

State File No. 359
Local Reg. No. 15
Reg. Dist. No. 200

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO. 29 1-04

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3yrs. 10mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch Rt. 2
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ross	Lester	Culton	Jan.	24,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Sept. 30, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill Wright 17	P.F.I.	Canton, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles F. Culton	Illinois	Effie French	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-0159	X Vaden R. Culton	Spokane, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 18 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 4 yrs
DUE TO (c) Generalized Arteriosclerosis — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1963, *to* Jan 24, 1967, *that I last saw the deceased alive on* Jan 22, 1967, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip A. Speck M.D.	Genesee Idaho	1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 27, 1967	Freeze Cemetery	Potlatch Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 27, 1967	Patricia L. Kappen	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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State File No. 360
Local Reg. No. 17
Reg. Dist. No. 200

Certificate of Death

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 291
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 1½ months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. 3, Moscow
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print)
a. (First): Harlan
b. (Middle): Emerson 329
c. (Last): Reid

4. DATE OF DEATH (Month) (Day) (Year): Jan. 25, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 29, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Bloomington, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Reid — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Maru E. Arbogast — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW1 3
16. SOCIAL SECURITY NO.: 518-40-8058-A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute A.V.A.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis
DUE TO (c): generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Mental changes for several months

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-22, 1933, *to* 1-25, 1967, *that I last saw the deceased alive on* 1-7, 1967, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph Wilson 567 M.P.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Fell over dead When son was getting him ready to go out for a ride

Certificate of Death

STATE OF IDAHO

RECEIVED

FEB 13 1967

Bureau of Vital Statistics

State File No. 361
Local Reg. No. 18
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Rural
c. LENGTH OF STAY (In this place) Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6 Miles North of Moscow

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Wash. 555
b. COUNTY Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Palouse)
d. STREET ADDRESS (If rural, give location) ¼ Mile South of Palouse

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Houston	Perry	Jan. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	11-5-1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 17	Logging	Knox County, Kentucky	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Perry	Unknown	Susan Tuttle	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	536-05-2914	Mrs. R. V. Burnett	Viola, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Mediastinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rupture of Sup. Vena Cava — Minutes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Multiple fractures of ribs minutes
R & L Hemothorax minutes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 290	(COUNTY)	(STATE)
Accident	Highway 5 mi N. of Moscow	Moscow	Latah	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:05 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Brooks McCo. Coroner	Moscow, Idaho	Jan 30 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	January 31, 1967	Greenwood Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
February 7, 1967	Patricia L. Kappen	H. E. Kimball	E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUL 8 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 362
Local Reg. No. 19
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 290
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Minnie b. (Middle) c. (Last) Baden

4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Nov. 22, 1889

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oswald K. Koch
BIRTHPLACE Russia

14. MOTHER'S MAIDEN NAME Eva E. Sittner
BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-54-2990

17. INFORMANT'S OWN SIGNATURE Gertrude M. McAllister
ADDRESS Tulare, Cal.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 20 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Stroke 2 yrs ago.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8:A.M. m., *from the causes and on the date stated above.*

23a. SIGNATURE O A Christensen (Degree or title) MD

23b. ADDRESS Kendrick Idaho

23c. DATE SIGNED 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan. 31, 1967

24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 7, 1967

REGISTRAR'S SIGNATURE Patricia L. Kappen

25. EMBALMER Donald Ward

LICENSE NO. E. 80

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 363
Local Reg. No. 16
Reg. Dist. No. 200

RECEIVED FEB 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Hannah
b. (Middle): Victoria 329
c. (Last): Sampson

4. DATE OF DEATH (Month) Jan. (Day) 27 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 15, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Family
11. BIRTHPLACE (State or foreign country): Gottenberg, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: August Branting — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johanna Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-3299
17. INFORMANT'S OWN SIGNATURE: X Morris L. Nares — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Severe Generalized Arteriosclerosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — 2 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1962, *to* Jan. 27, 1967, *that I last saw the deceased alive on* Jan. 27, 1967, *and that death occurred at* 5:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 058 (Degree or title) MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: Jan 30 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: February 7, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Don Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 8 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 364
Local Reg. No. 20
Reg. Dist. No. 200

Certificate of Death

RECEIVED FEB 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 291 3-23
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Clarence
b. (Middle): Wilbert 329
c. (Last): Petersen

4. DATE OF DEATH (Month) (Day) (Year): Jan. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1918
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Lenville, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Peter Petersen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Laura Mortensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-3463
17. INFORMANT'S OWN SIGNATURE: Wilma M. Petersen — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1621

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Brain Tumor metastatic ? — unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 1-28, 1967, *that I last saw the deceased alive on* 1-28, 1967, *and that death occurred at* 7:23 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Drury 148 (Degree or title): M.D.
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: Feb. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county): Moscow (State): Idaho

DATE REC'D BY LOCAL REG.: February 7, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: E. R. Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 14 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 365
Local Reg. No. 21
Reg. Dist. No. 200

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

BIRTH NO. STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 29 Latah 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): Pauline 329
c. (Last): Swecker

4. DATE OF DEATH: (Month) Jan. (Day) 31, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 31, 1900

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Orofino, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Thompson
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Christina Von Petterson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-4648

17. INFORMANT'S OWN SIGNATURE: Charles D Swecker
ADDRESS: Deary, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4222 Auricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute Myocarditis with Failure — 6 years

DUE TO (c): Cancer of Right Lung — Nov 1966

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
With generalized Melanosis — 1966

19a. DATE OF OPERATION: 11-23-66

19b. MAJOR FINDINGS OF OPERATION: Fractured left hip Pathological

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 22, 1932 *to* Jan 31, 1967, *that I last saw the deceased alive on* Jan 15, 1967, *and that death occurred at* 18.00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A. Short (Degree or title) M.D.

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 4, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery

24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: February 7, 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: Russell Short

LICENSE NO.: E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 366
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 300
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idahp 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Gordon
b. (Middle): Wellington 000
c. (Last): James

4. DATE OF DEATH (Month) (Day) (Year): Jan. 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 3, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mining & labor 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Allegheny, Penn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frederick H. James — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary T. Kitchell — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-14-4208
17. INFORMANT'S OWN SIGNATURE: Alice M. James — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH 158X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma of peritoneum — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Parosisnal tachycardia

19a. DATE OF OPERATION: July 20 1966
19b. MAJOR FINDINGS OF OPERATION: Malignant metastasis peritoneum
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-24-67 *19__, to* 1-5-67, *19__, that I last saw the deceased alive on* 1-5-67, *19__, and that death occurred at* 9:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE 474 (Degree or title): Roy W. Sinclair M.D.
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-7-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Jan-17-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — LICENSE NO. E369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 367
Local Reg. No. 698
Reg. Dist. No.

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (in this place): 17 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 302
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casabello Estate 222

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) Weldon c. (Last) Hamilton

4. DATE OF DEATH (Month) (Day) (Year): Jan. 13, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 13, 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): machinist 21

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Mayville, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Hamilton
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Martha unknown
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-5467

17. INFORMANT'S OWN SIGNATURE: Taken from papers
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiovascular degeneration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cardio vascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular disease

INTERVAL BETWEEN ONSET AND DEATH: many yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1966, *to* 1-13, 1967, *that I last saw the deceased alive on* 1-10, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M D
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Jan. 23-67
REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: Delbert C. Jones
LICENSE NO.: E369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 368
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Orville	Dave	Crippen	Jan. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 2, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Woodside, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George B. Crippen	New York	Emily Amra Lish	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW #1	519-28-7386	[signature]	Salmon, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 12 wks

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1949, 19___, *to* 1967, 19___, *that I last saw the deceased alive on* 12-23-1966, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Salmon Ida	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-31-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-10-67	Vida E. Johnson	[signature]	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 5 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 369
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) near May
c. LENGTH OF STAY (in this place) 57 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) (accident)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) May
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Delmar	Coiner	Jan. 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Sept. 21, 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dillon, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vernon A. Coiner — BIRTHPLACE Golden City, Mo.
14. MOTHER'S MAIDEN NAME Laura Mary Haining — BIRTHPLACE Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-8164
17. INFORMANT'S OWN SIGNATURE Vernon E. Coiner ADDRESS New Plymouth Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident — crushed under large tractor — Instantly

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) none

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	farm	Lemhi	Lemhi	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒	NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
1	28	67	m.			Tractor flipped while being loaded & fell on deceased.

22. *I hereby certify that I attended the deceased from* June, 1958, *to* 1-28, 1967, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Tiola E. Johnson 263	MD	Salmon Idaho	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-1-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-10-67	Viola E. Johnson	Delbert A. Sons	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 370
Local Reg. No.
Reg. Dist. No.

RECEIVED
JAN 3 0 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 310

1. PLACE OF DEATH
a. COUNTY Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
c. LENGTH OF STAY (in this place) 26yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah, Idaho
d. STREET ADDRESS (If rural, give location) Kamiah, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) ADA (Middle) ANNA c. (Last) PORTER

4. DATE OF DEATH (Month) (Day) (Year) January 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec 28, 1892
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) The Dalls, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Cook BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Cecil Porter ADDRESS Kamiah, Idaho

18. CAUSE OF DEATH 4344
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart attack — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c) None

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Philip C. Clover (Degree or title) 4 Coroner, Lewis County
23b. ADDRESS Craigmont, Ida.
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1/19/67
24c. NAME OF CEMETERY OR CREMATORY Kamiah, Idaho
24d. LOCATION (City, town, or county) (State) Kamiah, Idaho

DATE REC'D BY LOCAL REG. 1/26/67
REGISTRAR'S SIGNATURE Viola V. Paul Dep.
25. EMBALMER Robert R. Hansen Robert R. Hansen
LICENSE NO. E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 371
Local Reg. No. 68
Reg. Dist. No. 630

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 33 — JAN 1 6 1967
b. CITY OR TOWN: Rexburg 630
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): ETHEL 123
c. (Last): ORME DALLING

4. DATE OF DEATH: January 6, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 23, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Tooele, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Kirby Orme
BIRTHPLACE: Tooele, Utah

14. MOTHER'S MAIDEN NAME: Janet Park
BIRTHPLACE: West Weber, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lyle Dalling
ADDRESS: Sugar City, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident 331X — INTERVAL BETWEEN ONSET AND DEATH: 12/27/66

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec. , 1932, *to* Jan 3 , 1967, *that I last saw the deceased alive on* 1/3 , 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.F. Rigby MD

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 1/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/6/67

24c. NAME OF CEMETERY OR CREMATORY: Sugar Cemetery

24d. LOCATION (City, town, or county) (State): Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.: 1-5-67

REGISTRAR'S SIGNATURE: Lona Flamm

25. EMBALMER: Reuel H. Flamm

LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 372
Local Reg. No. 69
Reg. Dist. No. 630

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

33 JAN 16 1967 3-26

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 26 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parker
d. STREET ADDRESS (If rural, give location): Rt. 2 St Anthony

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): SOPHIA
c. (Last): SMITH GROVER

4. DATE OF DEATH (Month) (Day) (Year): January 9, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 5, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Egin, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Smith — BIRTHPLACE: Mineral Ridge, Ohio
14. MOTHER'S MAIDEN NAME: Sarah Ann Powelll — BIRTHPLACE: Coleville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 247-62-8074
17. INFORMANT'S OWN SIGNATURE: Thomas Grover — ADDRESS: Rt. 2 St Anthony

18. CAUSE OF DEATH 7054
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	6 months
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Nephrosclerosis	2 yrs
DUE TO (c)	Probable Lupus Erythematosis	5 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Congestive Heart Failure	3 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1962, *to* Jan 9, 1967, *that I last saw the deceased alive on* Jan 8, 1961, *and that death occurred at* 4:32A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blanche H Passey 409 — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/12/67
24c. NAME OF CEMETERY OR CREMATORY: Parker
24d. LOCATION (City, town, or county) (State): Parker Fremont Idaho

DATE REC'D BY LOCAL REG.: 1-10-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm — **LICENSE NO.**: E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 6 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 373
Local Reg. No. 1
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 33 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green Nursing Home 228

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony (Rural)
d. STREET ADDRESS (If rural, give location) RFD#1 2 mi. South of City

3. NAME OF DECEASED (Type or Print) a. (First) WESLEY b. (Middle) JOSEPH c. (Last) EVANS

4. DATE OF DEATH (Month) (Day) (Year) Jan., 22, 1967

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec., 16, 1868
9. AGE (In years last birthday) 98 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Station Agent 10
10b. KIND OF BUSINESS OR INDUSTRY Great Western RR Co.
11. BIRTHPLACE (State or foreign country) Knoxville, Penna
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Issac R. Evans BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Susan B. Hubbel BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 700-01-0082
17. INFORMANT'S OWN SIGNATURE M S Hansen ADDRESS St. Anthony, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Obstruction — 10 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis Generalized — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1967, to 1-22, 1967, that I last saw the deceased alive on 1-17-67, 19__, and that death occurred at 3 P. m., from the causes and on the date stated above.*

23a. SIGNATURE Ralph L R Klamm 284 (Degree or title) MD
23b. ADDRESS St Anthony Idaho
23c. DATE SIGNED 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 26 Jan 67
24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, Idaho

DATE REC'D BY LOCAL REG. 2-6-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER M S Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 374
Local Reg. No. 3
Reg. Dist. No. 630

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 23 1-23
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Rt. 2 Rexburg, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): THELMA
b. (Middle): MUIR 123
c. (Last): WHITTAKER

4. DATE OF DEATH (Month) (Day) (Year): January 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 27, 1913
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Walter B. Muir — BIRTHPLACE: Mendon, Utah
14. MOTHER'S MAIDEN NAME: Mary Ann Virgin — BIRTHPLACE: Fish Haven, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Henry B. Whittaker — ADDRESS: Rexburg Rt 2 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor, Astrocytoma 1930 — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1960, *to* 1-22, 1967, *that I last saw the deceased alive on* 1-22, 1967, *and that death occurred at* 2:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lester J. Peterson MD 413
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 1-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/25/67
24c. NAME OF CEMETERY OR CREMATORY: Sutton
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm — LICENSE NO. E347
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 375
Local Reg. No. 4
Reg. Dist. No. 630

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 166 North 3rd East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 166 North 3rd East

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) David c. (Last) Ard

4. DATE OF DEATH: (Month) (Day) (Year): January 24, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: February 6, 1875

9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elsmore, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Ard — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Martha Ann Groves — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wayne Ard — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Possible Ca of Prostate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1956, *to* Jan. 24, 1967, *that I last saw the deceased alive on* Jan. 24, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. F. Rigby MD — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: 1/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 1/28/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Rexburg — **24d. LOCATION** (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 1-28-67 — REGISTRAR'S SIGNATURE: Leona Flamm — 25. EMBALMER: Leona Flamm — LICENSE NO.: E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 376
Local Reg. No. 2
Reg. Dist. No. 630

BIRTH NO.

RECEIVED FEB 14 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Madison 33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rexburg Nursing Home 307

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 33
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) Rexburg Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) c. (Last) RICKS

4. DATE OF DEATH (Month) (Day) (Year) Jan., 25, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan., 2, 1876
9. AGE (In years last birthday) 91 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Logan, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas E. Ricks BIRTHPLACE Donaldson Creek, Ky.
14. MOTHER'S MAIDEN NAME Tabitha Hendricks BIRTHPLACE Simpson County, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-3714
17. INFORMANT'S OWN SIGNATURE Burton S. Ricks ADDRESS Parker, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1960, *to* Jan 25, 1967, *that I last saw the deceased alive on* Jan 25, 1967, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Lester J. Peterson (Degree or title) MD
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 1-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 28 Jan 67
24c. NAME OF CEMETERY OR CREMATORY Sugar City Cemetery
24d. LOCATION (City, town, or county) (State) Sugar City, RFD, Madison, Idaho

DATE REC'D BY LOCAL REG. 2-6-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER M. L. Hansen
LICENSE NO. E-354
FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 377
Local Reg. No. 5
Reg. Dist. No. 630

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 33
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 296 East 2nd South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33
b. COUNTY: Madison
c. CITY OR TOWN: Rexburg
d. STREET ADDRESS (If rural, give location): 148 College Avenue

3. NAME OF DECEASED (Type or Print): a. (First) FLOYD b. (Middle) c. (Last) KEITH

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 23, 1902

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery Man 22

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Battleground, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Edward Keith
BIRTHPLACE: Vancover, Washington

14. MOTHER'S MAIDEN NAME: Rosalie Viola Weaver
BIRTHPLACE: Madison Co. Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-07-3942

17. INFORMANT'S OWN SIGNATURE: Floyd C. Keith
ADDRESS: Huston, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Jan 19 1967

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 1965
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1944, *to* Jan 27, 1967, *that I last saw the deceased alive on* Jan 27, 1967, *and that death occurred at* 8:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.F. Rigby MD
23b. ADDRESS: Rexburg Idaho
23c. DATE SIGNED: 1/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/30/67
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: 1-30-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 378
Local Reg. No. #7
Reg. Dist. No. 450

Certificate of Death

RECEIVED
JAN 19 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF (If not in this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Rupert
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minidoka
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Paul
b. (Middle) Quinton 125
c. (Last) Elliott

4. DATE OF DEATH (Month) (Day) (Year) Jan 2 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec 24 1905
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Grundy Center Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elliott — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Lulu Stuck — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-14-0974
17. INFORMANT'S OWN SIGNATURE: x Mary Elliott — ADDRESS: Menlo Park Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* Jan 2, 1967, *that I last saw the deceased alive on* Jan 2, 1967, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. A. Hunt 255 (Degree or title) MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 5 1967
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 1-17-67
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C Walk
LICENSE NO.: E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 379
Local Reg. No. 8
Reg. Dist. No. 450

RECEIVED
JAN 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) one year

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 100 west 260 south

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) P. 125 c. (Last) Smith

4. DATE OF DEATH: (Month) Jan (Day) 14 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Mar 21 1887

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Huntsville Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Harrison Wilson
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Hulda Mickelson
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO. 518-42-6374

17. INFORMANT'S OWN SIGNATURE B [signature] ADDRESS Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. General debility of age.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 7, 1966, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 340 W. W. Cudworth (Degree or title) M.D.

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED Jan. 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 17 1967

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 1-17-67

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Robert E. Walk

LICENSE NO.: 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 380
Local Reg. No. 9
Reg. Dist. No. 450

BIRTH NO.

JAN 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN Rupert
c. LENGTH OF STAY (In this place) 2-02 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1008 2nd street

3. NAME OF DECEASED (Type or Print) a. (First) Dora b. (Middle) 125 c. (Last) Stapelman

4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov 3 1895

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Gretna Nebraska

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Hans Bock --Hamburg Germany

BIRTHPLACE

14. MOTHER'S MAIDEN NAME Doris Doose--Hamburg Germany

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 518-12-7878

17. INFORMANT'S OWN SIGNATURE X Lester Stapelman ADDRESS Paul Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction. 4291

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Asteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Sept 7, 1966, *to* Jan. 15, 1967, *that I last saw the deceased alive on* Jan 15, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 740 W. Crawford, M.D. (Degree or title)

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Jan 18 1967

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 1-17-67

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert C. Walk LICENSE NO. E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 4 1982

APR 27 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 381
Local Reg. No. 10
Reg. Dist. No. 450

Certificate of Death

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 340
a. COUNTY: Minidoka 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 1133 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Sophia 125
c. (Last): Manning

4. DATE OF DEATH (Month) (Day) (Year): Jan. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 2, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Como, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: William S. Bentley - Montasuma, N.Y.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ida Sophia Erickson - Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-54-4184
17. INFORMANT'S OWN SIGNATURE: Ida Hickson — ADDRESS: Sam C. Idaho

18. CAUSE OF DEATH 4221
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardio Vascular disease — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* Jan 20, 1967, *that I last saw the deceased alive on* Jan 19, 1967, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 253 (Degree or title): Ben K. Humphrey MP
23b. ADDRESS: 645 5th St Rupert Idaho
23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1/24/67
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul, Idaho

DATE REC'D BY LOCAL REG.: 2-3-67
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: J. Smith Payne
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 382
Local Reg. No. 12
Reg. Dist. No. 450

RECEIVED FEB 10 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD#1 Heyburn, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn (Rural) RFD#1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Orville b. (Middle) R. c. (Last) Henderson

4. DATE OF DEATH (Month) (Day) (Year) Jan., 23, 1967

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 7, 1904
9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Teton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John A. Henderson BIRTHPLACE Brigham City, Utah
14. MOTHER'S MAIDEN NAME Mary Ellen Richman BIRTHPLACE Paradise, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-12-6686
17. INFORMANT'S OWN SIGNATURE Duane W. Henderson ADDRESS Santa Clara Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 19, 1966, *to* Jan 23, 1967, *that I last saw the deceased alive on* Oct 4, 1966, *and that death occurred at* between 5 & 11 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE Walter Rehusinne 709 (Degree or title)
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 28 Jan 67
24c. NAME OF CEMETERY OR CREMATORY Teton-Newdale Cemetery
24d. LOCATION (City, town, or county) (State) RFD#1, Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG. 2-7-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER [signature]
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 383
Local Reg. No. 11
Reg. Dist. No. 450

67-2749
BIRTH NO.

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH 340
a. COUNTY Minidoka 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 1235 Occidental Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Jeususa
b. (Middle) 125 Terresa
c. (Last) Rodriquez

4. DATE OF DEATH (Month) (Day) (Year) Jan. 27, 1967

5. SEX Female
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 25, 1967
9. AGE (In years last birthday) – IF UNDER 1 YEAR Months – Days 2 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Chris F. Rodriquez, BIRTHPLACE Savinal, Texas
14. MOTHER'S MAIDEN NAME Juanita Flores, BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) – – – – –
16. SOCIAL SECURITY NO. – – – –
17. INFORMANT'S OWN SIGNATURE Chris F Rodriquez ADDRESS 1235 Occidental

18. CAUSE OF DEATH 7730
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Undetermined at this time. — INTERVAL BETWEEN ONSET AND DEATH 36 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Pt died of resp failure due to?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hyaline membrane is suspected.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25, 1967, *to* 1-27, 1967, *that I last saw the deceased alive on* 1-27, 1967, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ben K. Humphrey 253 MD (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert, (State) Idaho

DATE REC'D BY LOCAL REG. 2-3-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Ormand F Burch LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-2749

Certificate of Death

STATE OF IDAHO

State File No. 384
Local Reg. No. 2
Reg. Dist. No. 220

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce (350)
b. CITY OR TOWN: Lapwai (002)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (350) b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Elmer		Rickman	Jan	4	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian (3)	Divorced (4)	Dec. 24 1928	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
labor (06)		DeSmet, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Rickman	no record	No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	II	519-26-7814	X Thomas Rickman	Lapwai, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound in chest — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Homicide	64 Lapwai Street	Lapwai NexPerce Idaho (350)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
12:30AM	1/4/67		m.		killed by Police Officer

22. *I hereby certify that I attended the deceased from* (566) ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (583) (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilfred J. Quick Coroner	Lewiston, Idaho	1/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal (3)	Dec 4, 1967	Sacred Heart Mission	DeSmet, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-4-67	Mildred Hughes	Andrew F. Vassar	E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 385
Local Reg. No. 3
Reg. Dist. No. 220

Certificate of Death

RECEIVED JAN 23 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351

a. COUNTY: Nez Perce 3-10

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF (Within this place): 16 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 351

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 836 - Park Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): RALPH

b. (Middle): Eugene

c. (Last): SPECK

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 30, 1910

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chipper 17

10b. KIND OF BUSINESS OR INDUSTRY: Pulp Mill (Lumbering)

11. BIRTHPLACE (State or foreign country): Miskogee, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Speck — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Margaret McGuire — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 12 3360

17. INFORMANT'S OWN SIGNATURE: Alice Speck — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lung abscess — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractured ribs, pneumothorax + emphysema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Factory 03

21c. (CITY, TOWN, OR TOWNSHIP) 351 **(COUNTY)** **(STATE)**: Lewiston Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Dec 19 1966 m.

21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Got caught in a power belt

22. *I hereby certify that I attended the deceased from* 19 Dec, 1966, *to* 4 Jan, 1967, *that I last saw the deceased alive on* 3 Jan 67, 19____, *and that death occurred at* 2:57A *m., from the causes and on the date stated above.*

23a. SIGNATURE 227 David W. Hensin Sorell (Degree or title)

23b. ADDRESS: 307 St John's Way Lewiston

23c. DATE SIGNED: 4 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7 Jan. 1967

24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-5-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 386
Local Reg. No. 10
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 351 3-07
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): Somerville Home

3. NAME OF DECEASED (Type or Print)
a. (First): Ole
b. (Middle): G.
c. (Last): Waaler

4. DATE OF DEATH (Month) (Day) (Year): January 4, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: April 15, 1892
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsman 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Telemarken, Norway
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Gullick Waaler — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Lib Boen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-2038A
17. INFORMANT'S OWN SIGNATURE: V. Vassar — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Toxic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Renal Vasc Dis — 1 year
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 27, 1964, *to* Jan. 4, 1967, *that I last saw the deceased alive on* Jan. 4, 1967, *and that death occurred at* 8:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 083 (Degree or title): John E. Carssowm
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 1-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Jan. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-10-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 387
Local Reg. No. 14
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 — JAN 2 3 1967 — 000
b. CITY OR TOWN: Lewiston — Bureau of Vital Statistics — LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Usual Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 — b. COUNTY: Nez Perce
c. CITY OR TOWN: Lewiston
d. STREET ADDRESS (If rural, give location): 416 Preston Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	ERVING	BAUDER	January 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 12, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 08	U. S. PostOffice	Clinton, Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Erving Bauder	New York	Mary Etta Edick	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW-I	1918-1919 3	519 26 5440	Zoe [illegible] Bauder	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct 20, 1954, *to* Jan. 5, 1967, *that I last saw the deceased alive on* Oct. 25, 1966, *and that death occurred at* 12:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	939 Bryden Ave., Lewiston, Idaho	1/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan.9,1967	Lewis-Clark Memo. Gard	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

66-1679

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 388
Local Reg. No. 12
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 631 - 18th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): KRISTIN
b. (Middle): D'ANN
c. (Last): GRAY

4. DATE OF DEATH (Month) (Day) (Year): January 5, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Feb. 8, 1966
9. AGE (In years last birthday): - - - -
IF UNDER 1 YEAR: Months 10 Days 23
IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Lewiston, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kent Gray
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Susan Fundis
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: C. K. Gray 631-18th Ave.
ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7545

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia
INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congenital Heart disease
atrial septal Defect
aortic stenosis
DUE TO (c): abnormal atrio-ventricular Valves
Congenital

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 6, 1965, *to* Jan 5, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 6:10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert L Olson M.D. 397
23b. ADDRESS: 324 Fifth St. Lewiston,
23c. DATE SIGNED: 1-10-66

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-13-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun
LICENSE NO.: E-295

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 389
Local Reg. No. 13
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 417 Adams

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle):
c. (Last): POLLOCK

4. DATE OF DEATH (Month) (Day) (Year): Jan. 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Feb. 16, 1925
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Misc.
11. BIRTHPLACE (State or foreign country): Red Lodge, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew, Pollock — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: May Darrow — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW-2 4
16. SOCIAL SECURITY NO.: 516 24 9843
17. INFORMANT'S OWN SIGNATURE: Frank Pollock — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Smoke Inhalation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Own Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 351 **(COUNTY)** **(STATE)**: Lewiston, Nez Perce, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Jan. 7, 1967 - 10:45 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: House fire.

22. *I hereby certify that I attended the deceased from* - - - - - - *, 19* - - *, to* - - - - - - *, 19* - - *, that I last saw the deceased alive on* - - - - - - *, 19* - - *, and that death occurred at* 10:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos 583 — (Degree or title): NeZPerce Co. Coroner 4
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: Jan. 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-13-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: K. H. Malcom — LICENSE NO.: E-XXX376
~~Malcom's Brower-Wann Memorial Chapel~~
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 390
Local Reg. No. 16
Reg. Dist. No. 220

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 35 600
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 616-6th Ave

3. NAME OF DECEASED (Type or Print) a. (First) Carl b. (Middle) B. c. (Last) Westfall

4. DATE OF DEATH (Month) (Day) (Year) Jan 10, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 9, 1901
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 39
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Grant City, Mo.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Perry Westfall BIRTHPLACE Colo.
14. MOTHER'S MAIDEN NAME Hetie Redbern BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-0902
17. INFORMANT'S OWN SIGNATURE Jasper L. Wakefield ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, 19__, *to* 1-10, 1967, *that I last saw the deceased alive on* 1-10, 1967, *and that death occurred at* 12 a m., *from the causes and on the date stated above.*

23a. SIGNATURE John E Carlsson (Degree or title) 083
23b. ADDRESS John E Carlsson 9th & Main Lewiston Idaho
23c. DATE SIGNED 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. 1-17-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Andrew F. Vassar
LICENSE NO. E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 391
Local Reg. No. 17
Reg. Dist. No. 220

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 53
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location): 702 Villard

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Benjamin		Barbor	January 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	July 20, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 30
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Helen L. Barbor — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 Nov, 1966 *to* Jan 12, 1967, *that I last saw the deceased alive on* 12 Jan, 1967, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Purcell T. Scott	M.D.	Lewiston Idaho	1/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	1-14-67	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-67	Mildred Hughes	[illegible] Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 392
Local Reg. No. 15
Reg. Dist. No. 220

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 350 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jacques Spur
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 200 yards West on Hi-Way #95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	PAUL	HUBERT	HATMAKER	Jan.	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	Nov. 7, 1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tavern Operator
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Leavenworth, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME 26 John Hatmaker — BIRTHPLACE Tenn.
14. MOTHER'S MAIDEN NAME Ada Johnson — BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW-2 4
16. SOCIAL SECURITY NO. no record
17. INFORMANT'S OWN SIGNATURE Vernit E. Hatmaker — ADDRESS 223 Ogden Everett, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gun Shot Wound to R. side of Head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hi-Way 06
21c. (CITY, TOWN, OR TOWNSHIP) 350 (COUNTY) (STATE) Jacques Spur NezPerce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 13, 1967 8 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Apparently self-inflicted Gun Shot

22. *I hereby certify that I attended the deceased from* - - - - - *19* - - *to* - - - - - *19* - - *that I last saw the deceased alive on* - - - - - *19* - - *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilfred J. Deuter 583 NezPerce Co. Coroner	Lewiston, Idaho	Jan. 14, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	Jan. 15, 1967	Braun Funeral Home	Cashmere, Chelan Co., Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-17-67	Mildred Hughes	W. E. Black	E-426

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

Bureau of Vital Statistics

State File No. 393
Local Reg. No. 21
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 / JAN 23 1967 3-16
b. CITY OR TOWN: Lewiston
LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 / b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 327 Adams

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILEY	ROBERT	DELP	January 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Oct. 28, 1889	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock & Grain	Comers Rock, Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elbert Delp	Virginia	Mary Harrington	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	535 03 0974	Frances A. Hoyt	Lewiston, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 260X Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus. — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1962 *to* Jan. 13, 1967, *that I last saw the deceased alive on* Jan. 13, 1967, *and that death occurred at* 12:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	307 St. John's Way, Lewiston, Idaho	1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 16, 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-18-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 394
Local Reg. No. 20
Reg. Dist. No. 220

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

BIRTH NO. 351

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 923 Airway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	IDA	EMILY	OYLEAR		Jan	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 10, 1890	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 61	Own Home	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tennison Miller	Norway	Gumber Christison	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 26 5706	Mrs. Harold McDonald	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Infirmities of age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 26, 1965, *to* Jan. 14, 1967, *that I last saw the deceased alive on* Jan. 11, 1967, *and that death occurred at* 8:12 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Stover MD	939 Bryden Ave., Lewiston, Idho	1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 17, 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-18-67	Mildred Hughes	W. E. Black	E-426

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 395
Local Reg. No. 18
Reg. Dist. No. 220

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1231-Alder

3. NAME OF DECEASED (Type or Print)
a. (First): Anastasia
b. (Middle):
c. (Last): Kiive

4. DATE OF DEATH (Month) (Day) (Year): Jan 14 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1-29-1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No record 30
10b. KIND OF BUSINESS OR INDUSTRY: - - - -
11. BIRTHPLACE (State or foreign country): Estovia
12. CITIZEN OF WHAT COUNTRY?: No record

13. FATHER'S NAME — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - - - - (If yes, give war or dates of service) - - - - - - - -
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Hannes Sittman Moscow Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7060

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Septicemia shock — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic pustular psoriasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 5:04 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K W Eastwood MD 152
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 1-17-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 396
Local Reg. No. 19
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35/ 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY IN THIS (city, town, or place): 1 Hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35/
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 712 9th. Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Ralph
b. (Middle): Byron
c. (Last): Defenbach

4. DATE OF DEATH: (Month) January (Day) 16 (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: June 27 1893

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Accountant 19

10b. KIND OF BUSINESS OR INDUSTRY: Accounting

11. BIRTHPLACE (State or foreign country): Beatrice, Nebr.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Byron Defenbach
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary J. Sherwood
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-09-3180

17. INFORMANT'S OWN SIGNATURE: Gladys J. Defenbach
ADDRESS: Lewiston, Idaho

4200

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Complete Heart Block — 6+ years

DUE TO (c): Arterio sclerotic Ht dis. — 10+ years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1961, *to* Jan., 1967, *that I last saw the deceased alive on* Dec 22, 1966, *and that death occurred at* 8:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Lewiston Ida
23c. DATE SIGNED: 18 Jan. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-18-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: E. S. Rawls
ADDRESS: Lewiston, Idaho
Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1967

AUG 2 0 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of not embalmed Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 397
Local Reg. No. 25
Reg. Dist. No. 220

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY: Nez Perce 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 18 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home 129

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 417 - 9th Street

3. NAME OF DECEASED (Type or Print)
a. (First): MERCER
b. (Middle): B.
c. (Last): HERRON

4. DATE OF DEATH (Month) (Day) (Year): January 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8/26/1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Utilities 09
10b. KIND OF BUSINESS OR INDUSTRY: Montana Power Comp.
11. BIRTHPLACE (State or foreign country): Allegheny City, Pa.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas G. Herron — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sara L. Brown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516 01 5635
17. INFORMANT'S OWN SIGNATURE: Mrs. Ed Gilbert — ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Informative page

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arterio sclerotic vasc disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-30, 1965, *to* 1-14, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* 4.30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE 083 (Degree or title): John E. Carssonne
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 1/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 23 Jan 1967
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Wash.

DATE REC'D BY LOCAL REG.: 1-30-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: M C Merchant
LICENSE NO.: FDS

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 398
Local Reg. No. 23
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 351

a. COUNTY: NezPerce 3-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 4 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 351

b. COUNTY: NezPERCE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 3524-14th St

3. NAME OF DECEASED (Type or Print)

a. (First): Catherine

b. (Middle):

c. (Last): Hale

4. DATE OF DEATH (Month) (Day) (Year): Jan 20, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 23, 1903

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ossining, N.Y.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Roy Hale — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH 526X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Bronchopneumonia

DUE TO (c): Bronchiectasis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Cancer of bladder

INTERVAL BETWEEN ONSET AND DEATH: Two Weeks

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~JAN 19, 1967~~, *to* JAN 20, 1967, *that I last saw the deceased alive on* JAN 19, 1967, *and that death occurred at* 5:07 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Stover 507 MD

23b. ADDRESS: 939 Bryden Ave., Lewiston, Ida.

23c. DATE SIGNED: 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 24, 67

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 1-25-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER Funeral Director. Andrew F. Vassar

LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 399
Local Reg. No. 24
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 350 NezPerce 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
LENGTH OF STAY (in this place): 1½ yr.+
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
d. STREET ADDRESS (If rural, give location): 5 Linden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth	G.	McConnell	Jan	23	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 12, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Battle Creek, Mich.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward G. Gorden — BIRTHPLACE: Battle Creek Mich.
14. MOTHER'S MAIDEN NAME: Jennie Bryant, — BIRTHPLACE: Battle Creek. Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE: X Jay L. Walls — ADDRESS: Ephrata Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Hemorrhage — 6 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atrophy of brain.

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1965, *to* Jan. 23, 1967, *that I last saw the deceased alive on* Jan. 21, 1967, *and that death occurred at* 7/20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.M. Glover 507 MD	939 Bryden Ave., Lewiston, Ida.	1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	Jan 26, 1967	Hazen & Jaeger Cremetory	Spokane, Wash.

DATE REC'D BY LOCAL REG.: 1-25-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. FUNERAL DIRECTOR: Andrew F. Vassar — ADDRESS: E315 Vassar-Rawls Funeral Home, Lewiston, Idaho.

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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.....

State File No. 400
Local Reg. No. 26
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 381
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 905 Preston Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): PATRICIA
b. (Middle): ANN
c. (Last): WEZA

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug 6, 1942
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Newport, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: G. Fred Lear — BIRTHPLACE: Newport, Wash.
14. MOTHER'S MAIDEN NAME: Dolly Olson — BIRTHPLACE: Spokane, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE: X R Richard Weza — ADDRESS: Lewiston Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UREMIA — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Killer Steil Wilson Disease — Yrs
DUE TO (c): DIABETES MELLITUS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1963, *to* 1-27, 1966, *that I last saw the deceased alive on* 1-26, 1967, *and that death occurred at* 5:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE 013 John Armstrong (Degree or title): MD
23b. ADDRESS: LEWISTON Ida 307 ST JOHNS WAY
23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 30 Jan 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-30-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W.C. Merchant — LICENSE NO.: FD5

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MERCHANT FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 401
Local Reg. No. 29
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351

a. COUNTY: Nez Perce — FEB 13 1967 3-27

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township place): Lewiston — Bureau of Vital Statistics

c. LENGTH OF STAY (In this place): 27 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 350

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai

d. STREET ADDRESS (If rural, give location): P O Box - 311

3. NAME OF DECEASED (Type or Print)

a. (First): MOLLIE

b. (Middle): PLITER

c. (Last): WILLIAMS

4. DATE OF DEATH (Month) Jan (Day) 27 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: Indian 3

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 1878

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Indian Territory, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter Pliter — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Met-Me-Ty-Mi — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: James Reynolds — ADDRESS: Lapwai, Idaho

18. CAUSE OF DEATH 9030

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tayenna — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infection at site of surgery for fracture of rt hip

DUE TO (c) pseudomonas

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX **SUICIDE** **HOMICIDE** (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01

21c. (CITY, TOWN, OR TOWNSHIP) 350 **(COUNTY)** Spalding Nez Perce **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-30-66 a m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Patient fell at home

22. *I hereby certify that I attended the deceased from* 12-20, 1966, *to* 1-27, 1967, *that I last saw the deceased alive on* 1-26, 1967, *and that death occurred at* 6:45 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE 152 (Degree or title): R W Eastman MD

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 31 Jan 1967

24c. NAME OF CEMETERY OR CREMATORY: Indian Cemetery (Tribal)

24d. LOCATION (City, town, or county) (State): Spalding, Idaho

DATE REC'D BY LOCAL REG.: 2-8-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. E. Black — LICENSE NO.: E-426

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 402
Local Reg. No. 27
Reg. Dist. No. 220

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 1 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Lewiston
c. LENGTH OF STAY IN THIS PLACE: 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 1
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Snake River Ave

3. NAME OF DECEASED (Type or Print): a. (First) Joe; b. (Middle); c. (Last) Frank

4. DATE OF DEATH: (Month) (Day) (Year): 1-27-67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ever married

8. DATE OF BIRTH: Feb, 9 1870

9. AGE (In years last birthday): 96
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: no record
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 510-756-340

17. INFORMANT'S OWN SIGNATURE: Hospital Records C.F. Vassar
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1777 Carcinoma prostate. — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gastric Bleeding ulcer — 2 wks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 11-9, 1950, *to* 1-27, 1967, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 2½ a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John E Carrasco M.D.

23b. ADDRESS: 9th & Main, Lewiston Idaho

23c. DATE SIGNED: 1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 31, 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal hill cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 1-31-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew F Vassar

LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 403
Local Reg. No. 32
Reg. Dist. No. 220

Certificate of Death

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1711 Hemlock Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): JESSE
c. (Last): MUNDELL

4. DATE OF DEATH (Month) (Day) (Year): January 29 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 9, 1921
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain
11. BIRTHPLACE (State or foreign country): Tetonia, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Horace Mundell — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Mary Dunn — BIRTHPLACE: Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW-2 4
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Mrs. James Mundell — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 0818
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ? Br Jpn.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): UR Infection
DUE TO (c): Polio c Loss of access Resp Muscle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 17, 1956, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan. 11, 1967, *and that death occurred at* 9:15 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George Alden Thompson 531 MD
23b. ADDRESS: 717-6th St. Clarkston, Wash. Lewiston, Idaho
23c. DATE SIGNED: Feb. 2, '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gard.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-8-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black — LICENSE NO. E-426
FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 404
Local Reg. No. 23
Reg. Dist. No. 530

BIRTH NO.

RECEIVED FEB 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 361
b. CITY OR TOWN: Malad City
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 361
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad, Idaho
d. STREET ADDRESS (If rural, give location): 204 Samaria Lane

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) JONES c. (Last) LEWIS

4. DATE OF DEATH: (Month) Jan. (Day) 14 (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Jan 14, 1883

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Various deputy sheriff 88

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): St. John, Oneida Co., Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William D. Lewis--Glamorganshire — BIRTHPLACE: So. Wales
tax assessor

14. MOTHER'S MAIDEN NAME: Ann Jones--Glamorganshire, — BIRTHPLACE: So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: 518-18-5634

17. INFORMANT'S OWN SIGNATURE: Rhea Williams — ADDRESS: 204 Samaria Ln

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, General, Severe — INTERVAL BETWEEN ONSET AND DEATH: Symptoms since Oct. 66

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 2 Arteriosclerosis, Coronary, Severe
3 Myocardial Decompensation, Chr

DUE TO (c) 4 Peripheral Circulatory Failure
Arteriosclerosis, Cerebral, Sev.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Obliterans, Extremities - Yrs.
Diabetes Mellitus - Yrs

19a. DATE OF OPERATION: -

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, *to* 1/14, 1962, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 10:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Dwight F. Madsen 314 — (Degree or title): M.D.

23b. ADDRESS: Malad, Idaho

23c. DATE SIGNED: Jan 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan 17, 1967

24c. NAME OF CEMETERY OR CREMATORY: St. John Cemetery

24d. LOCATION (City, town, or county) (State): St. John, Oneida Idaho

DATE REC'D BY LOCAL REG.: Jan 16, 1967

REGISTRAR'S SIGNATURE: Ruth G. Sweeten

25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

FIRM NAME: MALAD, IDAHO (BENSON FUNERAL HOME)

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 405
Local Reg. No. 8
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 370 Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Grand View
c. LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West of Grand View - Farm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Grand View
d. STREET ADDRESS (If rural, give location) West of Grand View

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) CHARLOTTE c. (Last) GARSJA

4. DATE OF DEATH (Month) (Day) (Year) January 2, 1967

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH January 27, 1880

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Galesville, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William McKeeth BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME Josephine Bowerman BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-42-6112

17. INFORMANT'S OWN SIGNATURE Willet Garsja ADDRESS Grand View, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9160 Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental asphyxiation
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 01

21c. (CITY, TOWN, OR TOWNSHIP) Rural-Grand View (COUNTY) Owyhee (STATE) Idaho 370

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan. 2, 67 10:00PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Oil stove exploded while victim slept, fumes inhaled in sleep.

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation only, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE Arthur Smith 5835 (Degree or title) Coroner 4

23b. ADDRESS Mountain Home, Idaho

23c. DATE SIGNED 1/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1/6/67

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) Grand View, Idaho (State)

DATE REC'D BY LOCAL REG. Jan 20 1967

REGISTRAR'S SIGNATURE A. Anderson

25. EMBALMER Arthur Smith LICENSE NO. E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 24 1967

MAY 14 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 406
Local Reg. No. 1
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
JAN 10 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon 38
b. COUNTY Malheur 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ontario
d. STREET ADDRESS (If rural, give location) Route 2 Box 97E

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 Mile east oftwin bridges on

3. NAME OF DECEASED (Type or Print) SON 000
a. (First) Arlis
b. (Middle) William
c. (Last) Barnes

4. DATE OF DEATH (Month) Jan (Day) 1 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH Aug 7, 1950
9. AGE (In years last birthday) 16 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY Education
11. BIRTHPLACE (State or foreign country) Ontario, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Willie Barnes — BIRTHPLACE Arkansas
14. MOTHER'S MAIDEN NAME Alma Morrow — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 544-58-3153
17. INFORMANT'S OWN SIGNATURE Willie Barnes — ADDRESS Ontario

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8254

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 1 Mile East twin bridges interstate 80 N
21c. (CITY, TOWN, OR TOWNSHIP) 380 **(COUNTY)** **(STATE)**
21d. TIME OF INJURY (Month) Jan (Day) 1 (Year) 1967 (Hour) 930p 06
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Car Accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Hardy Hankon 583 — (Degree or title) County Coroner — **23b. ADDRESS** Po. Box 425 Payette, Idaho — **23c. DATE SIGNED** 1-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jan 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Evergreen
24d. LOCATION (City, town, or county) Ontario (State) Oregon

DATE REC'D BY LOCAL REG. Jan 4-1967
REGISTRAR'S SIGNATURE Roberta E. Hoffer
25. EMBALMER John A. Lienkaemper — **LICENSE NO.** ORE 120
FIRM NAME: Bertolsen - Lienkaemper

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 407
Local Reg. No. 2
Reg. Dist. No. 330

RECEIVED JAN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanatorium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 309 E. Pennsylvania

3. NAME OF DECEASED (Type or Print)
a. (First): Hosea
b. (Middle): Delbert 243
c. (Last): Snead

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 15, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Meat Cutter 21
10b. KIND OF BUSINESS OR INDUSTRY: Meat
11. BIRTHPLACE (State or foreign country): Nashville, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard P. Snead — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Sarah Jane Carson — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 541-10-0350
17. INFORMANT'S OWN SIGNATURE: X Lloyd C. Snead — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebrovascular Dis. c̄ thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 26, 1966, *to* Jan. 16, 1967, *that I last saw the deceased alive on* Jan. 2, 1967, *and that death occurred at* 2:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. G. Carroll, M.D. 082 (Degree or title)
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 1/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: Jan. 21-1967
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: G. W. Waters — LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 408
Local Reg. No. 3
Reg. Dist. No. 330

RECEIVED
FEB 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 70 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1139 - 2nd Avenue South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1139 - 2nd Avenue South

3. NAME OF DECEASED (Type or Print): a. (First) Leo b. (Middle) Karll c. (Last) Ballenger

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: March 23, 1896
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Bookkeeping
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jason A. Ballenger
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ella M. Connyers
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: Mrs Leo K. Ballenger
ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic pulmonary Emphysema with Myocardial failure — yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* 1955, 19___, *to* Jan. 21, 1967, *that I last saw the deceased alive on* Jan. 21, 19 67, *and that death occurred at* 2:35a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 1/21/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 1-23-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 1967

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1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 409
Local Reg. No. 5
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 381

a. COUNTY: Payette 4-01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette

c. LENGTH OF STAY (in this place): 1 Hour

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodward Clinic 282

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: 38 Oregon 555

b. COUNTY: Grant

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Canyon City

d. STREET ADDRESS (If rural, give location): Izee Route

3. NAME OF DECEASED (Type or Print)

a. (First): William

b. (Middle): Park

c. (Last): Davis

4. DATE OF DEATH (Month) Jan (Day) 26 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan 12, 1896

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Cattle

11. BIRTHPLACE (State or foreign country): Mountain City Tenn

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Davis — BIRTHPLACE: UNK

14. MOTHER'S MAIDEN NAME: Winnie Shoun — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW 1 3

16. SOCIAL SECURITY NO.: 543-32-2225A

17. INFORMANT'S OWN SIGNATURE: Fay E. H. Davis — ADDRESS: Canyon City

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic heart disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1967, *to* Jan 26, 1967, *that I last saw the deceased alive on* Jan 26, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 574 (Degree or title): [signature] M.D.

23b. ADDRESS: Payette, Ida

23c. DATE SIGNED: 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Jan 27 1967

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county): John Day — (State): Oregon

DATE REC'D BY LOCAL REG.: 1-27-1967

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] — LICENSE NO. #120

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 410
Local Reg. No.
Reg. Dist. No. 330

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) D. 243 c. (Last) Huffman
4. DATE OF DEATH (Month) (Day) (Year) Jan. 26, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Mar. 3, 1882
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME No record BIRTHPLACE -
14. MOTHER'S MAIDEN NAME No record BIRTHPLACE -
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. -
17. INFORMANT'S OWN SIGNATURE Mrs Clarence May ADDRESS Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of prostate
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. -
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? -

22. *I hereby certify that I attended the deceased from* Oct 66, 19__, *to* Jan. 26, 1967, *that I last saw the deceased alive on* 11-15-66 19__, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED 1-26-1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-31-1967
24c. NAME OF CEMETERY OR CREMATORY Rosedale Mem. Park
24d. LOCATION (City, town, or county) (State) Payette, Idaho

DATE REC'D BY LOCAL REG. 1-27-1967
REGISTRAR'S SIGNATURE Roberta E. Shaffer
25. EMBALMER Gifford R. Shaffer
LICENSE NO. E - 344
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 411
Local Reg. No. 6
Reg. Dist. No. 330

RECEIVED FEB 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 381
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 330 Plymouth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Pearla b. (Middle) May 243 c. (Last) Butler

4. DATE OF DEATH: (Month) Jan. (Day) 27, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 30, 1889
9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months - Days - IF UNDER 24 HRS. Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Utica, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.T. Jones BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Sadie Harper BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-40-1775B
17. INFORMANT'S OWN SIGNATURE: Mrs E Butler ADDRESS: New Plymouth Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease 260X — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes mellitus
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 66 *to* Jan. 27, 19 67, *that I last saw the deceased alive on* Jan. 16, 19 67, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 574 (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 1-27-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-30-1967
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 1-30-1967
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. EMBALMER: Gifford R. Shaffer LICENSE NO.: E - 344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 23 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV - 9 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 412
Local Reg. No. 1
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 JAN 10 1967 4-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of American Falls
c. LENGTH OF STAY (in this place): 8½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTHA	SALMA	RATHKA	Jan. 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 5, 1886	80	1	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Stillwater, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Keibel	Germany	Amala Schmidt	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-44-1870	Emil Rathka	Am. Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Hemorrhagic diathesis	one day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic lymphatic leukemia	3 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	partial coma 12-31-66	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 19 64, *to* Jan. 1, 1967, *that I last saw the deceased alive on* 12-31, 1966, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls, Idaho	3 Jan. 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-4-67	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-7-67	Colleen Hadfield	Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 413
Local Reg. No. 2
Reg. Dist. No. 500-602

RECEIVED JAN 1 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 000
b. CITY OR TOWN American Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHRISTIAN (Chris)		KIEHN	Jan. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 28, 1909	56	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	Farm	American Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Kiehn	Unknown	Christina Raugust	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW2 4201	518-32-4859	X Colleen Kiehn	Am. Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 30 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug. 6 *, 19* 66 *, to* Jan. 6, *, 19* 67 *, that I last saw the deceased alive on* Dec. 17 *, 19* 66 *, and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris 203 MD.	American Falls, Idaho	11 Jan. 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-9-67	Fallsview Cemetery	Am. Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-16-67	Colleen Hatfield	H. L. Davis H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 414
Local Reg. No. 3
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED
JAN 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 390 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 35 North Dakota
b. COUNTY 555 Stark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richardton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HERBERT	CLARENCE	WAGNER	Jan. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 21, 1897	69	1	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm	Stark County, No. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles H. Wagner	Illinois	Emilly Alpert	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	501-40-4175	Mrs. Thomas U. Jibb	Am. Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 40 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis & secondary anemia — one month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 7, 1966, *to* Jan 10, 1967, *that I last saw the deceased alive on* Jan. 9, 1967, *and that death occurred at* 220A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. L. Harris 203	M.D.	American Falls, Idaho	11 Jan. 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Jan. 10, 1967	St. John's Lutheran Cemetery	Richardton, No. Dak.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-16-67	Callen Hadfield	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 415
Local Reg. No. 5
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED FEB 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Power 390 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township) American Falls
c. LENGTH OF STAY (In this place) 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
TELESFORO	(TELES)	MAISTEGUI	Jan. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years) Last birthday	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Basque	Divorced 4	Jan. 6, 1903	64	0	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepman 04	Sheep	Spain	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-40-2960	X Beatrice Nelson	Am. Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Metastatic Carcinoma	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Partial left hemiplegia	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar. 1958 *to* Jan 26 1967 *that I last saw the deceased alive on* Jan 25 1967 *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. L. Harris M.D.	American Falls, Idaho	1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-30-67	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-1-67	Callene Hadfield	Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

66-12384

Certificate of Death

STATE OF IDAHO

State File No. 416
Local Reg. No. 6
Reg. Dist. No. 142

BIRTH NO.

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
Length of stay (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at Pinehurst, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Box 462

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Todd	Scott	Smith	January 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Dec. 13. 1966	0		19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Wallace, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pete J. Smith	Idaho	Cherylen Schroeder	Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None 1955	None	Pete J. Smith	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Sudden Death Syndrome (SDS) of Infancy — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-1-67 19—, *to* 1-1-, 1967, *that I last saw the deceased alive on* 1-1-, 1967, *and that death occurred at about* 5:04 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D.	Wallace, Idaho	1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	JAN. 4, 1967	GREENWOOD	KELLOGG, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-12-67		Wendell Maisel	452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 417
Local Reg. No. 5
Reg. Dist. No. 142

BIRTH NO.

RECEIVED JAN 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Kellogg, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARMELINA	M.	SCIUCHETTI	Jan. 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 8, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Italy	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Maraffio	Italy	Unknown	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-03-3358B	Louis P. Sciuchetti	

MEDICAL CERTIFICATION

33 1/2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 2 1/2 Month

DUE TO (c) Arteriosclerosis & Hypertension — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1/24/1963 *to* 12/20/1966, *that I last saw the deceased alive on* 12/20/1966 *and that death occurred at* 2 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen M. Caldwell 539	M.D.	Kellogg, Idaho	4 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 7, 1967	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-5-67		Donald Maisel	452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 1 9 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 0 8 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 418
Local Reg. No. 4
Reg. Dist. No. 142

Certificate of Death

RECEIVED
JAN 1 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 401
a. COUNTY: Shoshone 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2311 McKinley Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 42 So. Dak. 555
b. COUNTY: Brookings
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bruce
d. STREET ADDRESS (If rural, give location): Bruce, South Dakota

3. NAME OF DECEASED (Type or Print)
a. (First): ELLA
b. (Middle): M.
c. (Last): AMUNDSON

4. DATE OF DEATH (Month) (Day) (Year): Jan. 2, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 20, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 504-10-2017
17. INFORMANT'S OWN SIGNATURE: J. E. McKay — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — 4 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 27 Dec 1964, *to* 2 Jan 1967, *that I last saw the deceased alive on* 2 Jan 1967, *and that death occurred at* 1:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 539 (Degree or title): Glen M. Whitford M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 4 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: City Cemetery
24d. LOCATION (City, town, or county) (State): Brookings, South Dakota

DATE REC'D BY LOCAL REG.: 1-5-64
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 419
Local Reg. No. 7
Reg. Dist. No. 142

BIRTH NO.

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Box 242

3. NAME OF DECEASED (Type or Print)
a. (First): NATALIA
b. (Middle): 141
c. (Last): BURTZOFF

4. DATE OF DEATH (Month) (Day) (Year): Jan. 4, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 7, 1883
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: R. Rudzoff — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-8734D
17. INFORMANT'S OWN SIGNATURE: Leonard V. Burtzoff — ADDRESS:

5711

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastroenteritis, acute, severe — INTERVAL BETWEEN ONSET AND DEATH: several days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Old age & senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 December, 19 66, *to* 4 January, 19 67, *that I last saw the deceased alive on* 4 Jan, 19 67, *and that death occurred at* 5 50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Cordwell, (Degree or title) MD
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 7 Jan 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur D' Alene, Idaho

DATE REC'D BY LOCAL REG.: 1-7-67
REGISTRAR'S SIGNATURE: Joe Johnson
25. EMBALMER: Donald Maisel
LICENSE NO.: E 452
FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 420
Local Reg. No. 5
Reg. Dist. No. 140

Certificate of Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): M & H Trailor Court 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location): M & H Trailor Court

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Emily
c. (Last): Wentzell

4. DATE OF DEATH (Month) Jan. (Day) 7, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 3, 1901
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-6648
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: One minute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7, 1967, *to* 1-7, 1967, *that I last saw the deceased alive on* 1-7, 1967, *and that death occurred at* about 10:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): T. M. Peterson, M.D. 414
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 1-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 1-11-67
24c. NAME OF CEMETERY OR CREMATORY: Smith and Company
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 1-18-67
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. EMBALMER: Dale L. Cornell — LICENSE NO.: E 406

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 421
Local Reg. No. 10
Reg. Dist. No. 140

BIRTH NO. 66-8214

RECEIVED FEB 9 1967 Bureau of Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 483
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): 2 Mile Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ronald	Howard	Stansbury, Jr.	Jan.	8,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	August 26, 1966		4	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wallace, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Ronald H. Stansbury — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Leah Poulton — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Leah Stansbury — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 4918 Bronchiolitis — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-26-66, 19__ *to* 1-5-67, 19__, *that I last saw the deceased alive on* 1-5-67, 19__, *and that death occurred at* 10:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Box 200 Wallace, Idaho	1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 12, 1967	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-27-67	Dale L. Cornell	Dale L. Cornell	E-406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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67-796

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 422
Local Reg. No. 8
Reg. Dist. No. 142

BIRTH NO.

JAN 26 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 401

a. COUNTY: Shoshone 4-07

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg

c. LENGTH OF STAY (in this place): 7 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 401

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg

d. STREET ADDRESS (If rural, give location): 440 Railroad Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): Dale

b. (Middle): W. 141

c. (Last): Eaton

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 9, 1967

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 7, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kellogg, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Eaton — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Nancy Taylor — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: W. S. Eaton — ADDRESS:

18. CAUSE OF DEATH 7700

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis fetalis — INTERVAL BETWEEN ONSET AND DEATH: 7 hours.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): —

DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1-9-67, 19__, *to* 1-10-67, 19__, *that I last saw the deceased alive on* 1-10-67, 19__, *and that death occurred at* 3:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Bourbrake MD 052

23b. ADDRESS: Kellogg, Idaho

23c. DATE SIGNED: 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 11, 1967

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 1-23-67

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Robert G. Ross — LICENSE NO. 497

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 423
Local Reg. No. 6
Reg. Dist. No. 140

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: shoshone 402 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace 000 — LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 402 — b. COUNTY: Shoshone — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace — d. STREET ADDRESS (If rural, give location): Wallace Hotel

3. NAME OF DECEASED (Type or Print) — a. (First): Charles — b. (Middle): — c. (Last): Saat

4. DATE OF DEATH — (Month): Jan — (Day), (Year): 11, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: July 12, 1888

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foundry

10b. KIND OF BUSINESS OR INDUSTRY: CDA Co.

11. BIRTHPLACE (State or foreign country): Russia

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-7113A

17. INFORMANT'S OWN SIGNATURE: X Hospital records — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Art. disease — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1, 1967, *to* 1-11, 1967, *that I last saw the deceased alive on* 1-9, 1967, *and that death occurred at* 9:00 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD — 23b. ADDRESS: Wallace Idaho — 23c. DATE SIGNED: 1-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 1-14-67 — 24c. NAME OF CEMETERY OR CREMATORY: Nine Mile — 24d. LOCATION (City, town, or county) (State): Wallace, Idaho

DATE REC'D BY LOCAL REG.: 1-18-67 — REGISTRAR'S SIGNATURE: Dale Cornell — 25. EMBALMER: Dale L. Cornell — LICENSE NO.: E 406

FIRM NAME: Cornell's ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 424
Local Reg. No. 9
Reg. Dist. No. 142

RECEIVED
JAN 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): Box 665

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HAZEL	F 141	MEREDITH	Jan. 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Aug. 2, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Tom Redden	Missouri	Mary Virginia Mead	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-03-0205	J. B. Meredith	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 2 yrs
DUE TO (c) Disease c Coronary Sclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
		Kellogg	Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	13 Jan 67

22. *I hereby certify that I attended the deceased from* Feb, 1947, *to* ~~Dec~~, 1966, *that I last saw the deceased alive on* 13 Jan. 1967, *and that death occurred at* 3:25 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold Wilkins MD	Kellogg Idaho	18 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 17, 1967	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-23-67		Robert D. Ross	E-497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 425
Local Reg. No. 7
Reg. Dist. No. 140

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) Woodland Park

3. NAME OF DECEASED (Type or Print)
a. (First) Esther
b. (Middle) Florence
c. (Last) Christie

4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 27, 1910
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk 22
10b. KIND OF BUSINESS OR INDUSTRY Retail
11. BIRTHPLACE (State or foreign country) Rossland, B.C.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-9928
17. INFORMANT'S OWN SIGNATURE Helen Solum — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Lower Lung c̄ Metastases — INTERVAL BETWEEN ONSET AND DEATH: Several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1966, *to* 1-13, 1967, *that I last saw the deceased alive on* 1-13, 1967, *and that death occurred at* 9:10 259 *m., from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 1-18-67
24c. NAME OF CEMETERY OR CREMATORY Smith & Company
24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. 1-20-67
REGISTRAR'S SIGNATURE Dale L. Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 426
Local Reg. No. 8
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH 402
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 402
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Box 823

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle):
c. (Last): Renwick

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 21, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grocery 22
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Edinberg, Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 518-03-5221
17. INFORMANT'S OWN SIGNATURE: Mrs John Renwick — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocardelis coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Recurrent coronary infarction — 15 yrs

DUE TO (c): Coronary atherosclerosis — "

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 26, 1960, *to* Jan 13, 1967, *that I last saw the deceased alive on* Jan 13, 1967, *and that death occurred at* 12:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul W Ellis MD 155
23b. ADDRESS: Box 200 Wallace, Idaho
23c. DATE SIGNED: 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-67
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Memorial
24d. LOCATION (City, town, or county) (State): Pinehurst Ida

DATE REC'D BY LOCAL REG.: 1-17-67
REGISTRAR'S SIGNATURE: Dale L Cornell
25. EMBALMER: Dale L. Cornell
LICENSE NO.: E 406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 427
Local Reg. No. 9
Reg. Dist. No. 140

BIRTH NO. 402 RECEIVED JAN 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 27 Montana
b. COUNTY: 555 Missoula
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Missoula
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Howard; b. (Middle) Perry; c. (Last) Kendall

4. DATE OF DEATH: (Month) (Day) (Year) Jan. 15, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 16, 1918

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender 23

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): South Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E.E. Kendall
BIRTHPLACE: S. Dakota

14. MOTHER'S MAIDEN NAME: Belle Franke
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 517-03-9441

17. INFORMANT'S OWN SIGNATURE:
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Not, 19 Stated, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 6:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Box 200 Wallace, Idaho

23c. DATE SIGNED: 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-18-67

24c. NAME OF CEMETERY OR CREMATORY: United Veta

24d. LOCATION (City, town, or county) (State): Wallace Ida

DATE REC'D BY LOCAL REG.: 1-16-67

REGISTRAR'S SIGNATURE: Dale Harnell

25. EMBALMER: Dale L. Cornell

LICENSE NO.: E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 14 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 428
Local Reg. No. 10
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 402
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF (If not in hospital or institution, give street address or location) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 310 East Portland

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): W
c. (Last): KEITH

4. DATE OF DEATH (Month) (Day) (Year): Jan. 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 14, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): West Virginia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Keith — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Sephronia Fox — BIRTHPLACE: West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-16-0446
17. INFORMANT'S OWN SIGNATURE: Mrs. D. Bonomi — ADDRESS:

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary Edema, acute — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — Several days
DUE TO (c) Hypertensive, Cardiovascular Renal — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Disease, Cardiomegaly — Two years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-16, 1967, *to* 1-16, 1967, *that I last saw the deceased alive on* 1-16, 1967, *and that death occurred at* 4:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jan. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 1/30/67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 429
Local Reg. No. 11
Reg. Dist. No. 140

BIRTH NO.

RECEIVED FEB 9 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY Shoshone 46
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Wallace
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 40
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Woodland Park
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna		Solum	January 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 6, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			X Mike Solum	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Several years

DUE TO (c) A.U.R. Infection, Acute Bronchitis — 8 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-12, 1967, *to* 1-20, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* 9:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson, M.D.	Wallace Idaho	1-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 23, 1967	Nine Mile	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67	Dale Cornell	Dale L. Cornell	E 406

FIRM NAME Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 430
Local Reg. No. 12
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 401
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp. 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): 705 South Division

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): J
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): Jan. 22, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 11, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Davis — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cora Morgan — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-14-0195
17. INFORMANT'S OWN SIGNATURE: Mrs Ella Davis — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent Cor Thrombosis — 1½ years
DUE TO (c): Coronary Artery Disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1950, to 1/22, 1967, that I last saw the deceased alive on 1/21, 1967, and that death occurred at 5:45 m., from the causes and on the date stated above.*

23a. SIGNATURE: 539 [signature] (Degree or title): MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 24 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Mem. Grdns.
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 1/30/67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 431
Local Reg. No. 14
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Shoshone 401	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 400 b. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg c. LENGTH OF STAY (in this place): 86 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.	d. STREET ADDRESS (If rural, give location): Box 412

3. NAME OF DECEASED (Type or Print)	a. (First): RAYMOND	b. (Middle): R 141	c. (Last): WILSON	4. DATE OF DEATH (Month) (Day) (Year): Jan. 29, 1967
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: March 25, 1906	9. AGE (In years last birthday): 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Zinc Plant Worker 06	10b. KIND OF BUSINESS OR INDUSTRY: Mining	11. BIRTHPLACE (State or foreign country): Missouri	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: E.F. Wilson	BIRTHPLACE: Missouri	14. MOTHER'S MAIDEN NAME: Martha Maple	BIRTHPLACE: Missouri	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: 710-01-3716	17. INFORMANT'S OWN SIGNATURE: x Vevia Wilson	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of esophagus — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Nov 17 1966	19b. MAJOR FINDINGS OF OPERATION: Carcinoma of esophagus	20. AUTOPSY? YES ☐ NO ☑
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 29, 1966, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan 29, 1967, *and that death occurred at* 8:06 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Orland B. Scott 461 (Degree or title)	23b. ADDRESS: Kellogg Idaho	23c. DATE SIGNED: 1/31/67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Feb. 1, 1967	24c. NAME OF CEMETERY OR CREMATORY: Greenwood	24d. LOCATION (City, town, or county) (State): Kellogg, Idaho
DATE REC'D BY LOCAL REG.: 2-6-67	REGISTRAR'S SIGNATURE: Joe [illegible]	25. EMBALMER: Robert G. Ross	LICENSE NO.: E. 497

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 1 0 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 0 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

66-12409 RECEIVED JAN 20 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 432
Local Reg. No. 1
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH 410
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 000
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)
a. (First): JERRY
b. (Middle): LEE
c. (Last): BARKER

4. DATE OF DEATH (Month) (Day) (Year): 9 January 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 13 December 66
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 27; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Driggs, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clifford Barker — BIRTHPLACE: Cowley, Wyoming
14. MOTHER'S MAIDEN NAME: Della Larsen — BIRTHPLACE: San Deigo, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S OWN SIGNATURE: * Mrs. Della L. Barker — ADDRESS: Driggs, Idaho

18. CAUSE OF DEATH 7630
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Viral Pneumonia Interstitial type — INTERVAL BETWEEN ONSET AND DEATH: 1+ hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 13, 1966, *to* Jan 9, 1967, *that I last saw the deceased alive on* Jan 8, 1967, *and that death occurred at* 4:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: K Heard MD 219 (Degree or title)
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 Jan. 1967
24c. NAME OF CEMETERY OR CREMATORY: Driggs Cemetery
24d. LOCATION (City, town, or county) (State): Driggs, Teton Co., Idaho

DATE REC'D BY LOCAL REG.: 1-18-67
REGISTRAR'S SIGNATURE: Ella Griggs
25. EMBALMER: Robert Q. Bean — LICENSE NO.: E-456

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 433
Local Reg. No. D-001
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls (rural)
STAY (in this place) hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 243 Blue Lakes Blvd. S.

3. NAME OF DECEASED (Type or Print)
a. (First) JESSIE
b. (Middle) BONNIE
c. (Last) ROBISON

4. DATE OF DEATH (Month) (Day) (Year) Jan. 1, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Dec. 19, 1907
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) nursing 13
10b. KIND OF BUSINESS OR INDUSTRY home care
11. BIRTHPLACE (State or foreign country) Newton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 519-12-5810
17. INFORMANT'S OWN SIGNATURE Hurley G. Robison — ADDRESS Mountain, Home, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct, old, posterior, large — INTERVAL BETWEEN ONSET AND DEATH: Months ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Obesity, generalized, marked — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
History of sudden death, cardiac arrythemia — Immed.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coroner's Investigation only *, 19__ to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* approx 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Luther C. Thompson, M.D. (Degree or title) MD
Luther C. Thompson MD 532
23b. ADDRESS T.F. County Coroner 3092 2nd Ave E. Twin Falls Idaho
23c. DATE SIGNED 1/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1-4-1966
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1/4/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Dale S. Patterson
LICENSE NO. E-451

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 434
Local Reg. No. 2-008
Reg. Dist. No. 46

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 177 Quincy

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) A. 143 c. (Last) Beer

4. DATE OF DEATH (Month) (Day) (Year): January 1, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 5
8. DATE OF BIRTH: Sept. 19, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ellensburg, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William T. Sheldon — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth V. Hayes — BIRTHPLACE: Olympia, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-22-0724
17. INFORMANT'S OWN SIGNATURE: Walter Beer — ADDRESS: Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 1 wk.

332X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 12-29, 1966, *that I last saw the deceased alive on* 12-29, 1967, *and that death occurred at* 6:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. M. Kendall M.D.
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/10/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER
LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

JAN 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 435
Local Reg. No. 0003
Reg. Dist. No. 460

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

BIRTH NO. 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
c. LENGTH OF STAY (In this place): 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 1 Buhl, Idaho
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	M.	Pufahl	Jan. 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Jan. 11, 1885	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	Own Home	Hampton Bluff, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Knochenmus	Germany	Frederika Bethge	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 60 8883 T	X Art Pufahl	Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardio Vascular one of these — years
DUE TO (c) Old age — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gen Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 19 19 66 *to* Dec 31, 19 66, *that I last saw the deceased alive on* Dec 31, 19 66, *and that death occurred at* 8 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. A. Wiebe M.D.	594 Hagerdorf Ave	1/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 4, 1967	Clover Lutheran Cemetery	Buhl, Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/4/67	Pamela J. Johnson	Jim A Hopkins	E-482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 436
Local Reg. No. D 005
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 680
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley MemorialHosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 420 Alturas Dr

3. NAME OF DECEASED (Type or Print)
a. (First): Arthur
b. (Middle): L. 143
c. (Last): Gurley

4. DATE OF DEATH (Month) (Day) (Year): January 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 6, 1914
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner Western Music Co.
10b. KIND OF BUSINESS OR INDUSTRY: 22
11. BIRTHPLACE (State or foreign country): Clovis, New Mexico
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Arthur L. Gurley — BIRTHPLACE: Purdy, Mo.
14. MOTHER'S MAIDEN NAME: Myrtle Poor — BIRTHPLACE: Purdy, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): 1 Yes WW 2 Army 4
16. SOCIAL SECURITY NO.: 450-12-0822
17. INFORMANT'S OWN SIGNATURE: Marie G. Gurley — ADDRESS: TwinFalls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Rupture of abdominal aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis of ~~abdomen~~ aorta BLK.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary sclerosis — indeterminate

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 26, 1954, *to* Jan 3, 1967, *that I last saw the deceased alive on* Jan 3, 1967, *and that death occurred at* 2:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. L. Kreilkamp M.D. 296
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/6/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset MemorialPark Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/9/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary TwinFalls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 28 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 437
Local Reg. No. D-U9
Reg. Dist. No. 460

RECEIVED JAN 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 1-23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1105 Blue Lake Circle, Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Ken
b. (Middle): Edward 143
c. (Last): Heffelfinger

4. DATE OF DEATH (Month) (Day) (Year): January 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: October 30, 1940
9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ray Heffelfinger, BIRTHPLACE: Beatrice, Nebraska
14. MOTHER'S MAIDEN NAME: Maurine Thatcher, BIRTHPLACE: Twin Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 518-
16. SOCIAL SECURITY NO.: 40-1786
17. INFORMANT'S OWN SIGNATURE: X Carol Heffelfinger — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9000

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Skull fracture with subdural Hematoma + subarachnoid hemorrhage.

ANTECEDENT CAUSES — DUE TO (b): Fall down stairs at his parents home at Twin Falls, Idaho

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: producing Coma

INTERVAL BETWEEN ONSET AND DEATH: about 12:30 AM 1-3-67

19a. DATE OF OPERATION: 1-3-67
19b. MAJOR FINDINGS OF OPERATION: Two post. Burr Holes in skull & spinal fracture
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01
21c. (CITY, TOWN, OR TOWNSHIP) ~~000~~ 421 (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-3-67 about 12:30 AM
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fall down Stairs at home

22. *I hereby certify that I attended the deceased from* 1-3, 1967, *to* 1-5, 1967, *that I last saw the deceased alive on* 1-5, 1967, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Vern H Anderson MD
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 438
Local Reg. No. P-002
Reg. Dist. No. 460

RECEIVED JAN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 430
b. CITY OR TOWN: Buhl
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 127 8th Ave. South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 127 8th Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First): ELMER
b. (Middle): JOSEPH
c. (Last): FITZHUGH

4. DATE OF DEATH: (Month) (Day) (Year): Jan. 5 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Unknown; C
8. DATE OF BIRTH: July 7, 1898
9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Leadville, Colorado
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lon Frank Fitzhugh
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Edith M. Hays
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 569-07-4271
17. INFORMANT'S OWN SIGNATURE: [signature] Box 349 ADDRESS: Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction, complete, with heart failure — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*: Chhronic alcoholism with severe secondary malnutrition SENILITY — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

CORONER'S INVESTIGATION ONLY

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* approx. 4 A.M, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Luther C. Thompson M.D. TF Co. Coroner
23b. ADDRESS: 309-2nd Ave Twin Falls, Idaho
23c. DATE SIGNED: 1/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/7/67
24c. NAME OF CEMETERY OR CREMATORY: Filer
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1/9/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E0480
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 439
Local Reg. No. 10007
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 219 Alexander Street

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) 142
c. (Last) McCarty

4. DATE OF DEATH (Month) (Day) (Year) January 6, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 18, 1881
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Muskingum Co, Ohio
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John W. McCarty — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Alice Harden — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-9238
17. INFORMANT'S OWN SIGNATURE Edward McCarty — ADDRESS Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of rectum with metastases — INTERVAL BETWEEN ONSET AND DEATH 9 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/31, 1966, *to* 1/6, 1967, *that I last saw the deceased alive on* 1/6, 1967, *and that death occurred at* 8:50P. *m., from the causes and on the date stated above.*

23a. SIGNATURE B. C. Kirkhoff M.D. 296 (Degree or title)
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 1/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/10/67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1/10/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary Twin Falls, Idah

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 440
Local Reg. No. D-004
Reg. Dist. No. 46-0

RECEIVED JAN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 1-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
Statistics of STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 289 Polk Street 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 289 Polk Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Horace (aka Harry)		Crookham	January 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed 2	Nov. 27, 1870	96		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	High Bank, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Horace Crookham	unknown	Mary Ann Montgomery	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-54-2184	Katherine Crookham	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart failure from AS — INTERVAL BETWEEN ONSET AND DEATH: HD - 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-8, 1957, *to* 1-6, 1967, *that I last saw the deceased alive on* 1-4, 1967, *and that death occurred at* 7:30a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	204 4th Ave. E., Twin Falls Idaho	1-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 10, 1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/9/67	Pamela J. Johnson	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 441
Local Reg. No. D 019
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 498 Madrona Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baldwin Park
d. STREET ADDRESS (If rural, give location): 4122 Jerry Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): W.
c. (Last): Ferrell

4. DATE OF DEATH (Month) (Day) (Year): January 6, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 3, 1915
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Major U.S. Army 05
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry J. Ferrell — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Lillian Rafferty — BIRTHPLACE: San Francisco, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W.W. #2 4
16. SOCIAL SECURITY NO.: 518-09-7515
17. INFORMANT'S OWN SIGNATURE: Grace Cosgriff — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infarction of myocardium — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — 10 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-6-, 19 66, *to* 1/6/, 19 67, *that I last saw the deceased alive on* 12-6, 1966, *and that death occurred at* 8:10p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 061 (Degree or title): George L. Brown M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/7/67
24c. NAME OF CEMETERY OR CREMATORY: Live Oak Cemetery
24d. LOCATION (City, town, or county) (State): Monrovia, California

DATE REC'D BY LOCAL REG.: 1/12/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: James C. Reynolds — James C. Reynolds
LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 442
Local Reg. No. 12-012
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JAN 16 1967
421 1-04
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): * * * * * * * * * * * *

3. NAME OF DECEASED (Type or Print)
a. (First): Clara Louise
b. (Middle): McMurray
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): Jan. 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb 4, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: John W. Dahlquist - Sweden
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Clara Elison - Grantsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 518-36-9304A
17. INFORMANT'S OWN SIGNATURE Twin Falls, Idaho + Norma Lou Benoit — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) Chronic Brain Syndrome — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) from Cerebral Arteriosclerosis — 10-15 yr
DUE TO (c) 2) Pyelonephritis — 4-5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-29, 1963, *to* 1-6, 1967, *that I last saw the deceased alive on* 1-4, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE C. F. Muster 578 (Degree or title)
23b. ADDRESS 204 4th Ave. East, Twin Falls, Idaho 83301
23c. DATE SIGNED 1-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 10, 67
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: 1/12/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E 389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 17 1967

JUN 15 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 443
Local Reg. No. D-886
Reg. Dist. No. 460

RECEIVED JAN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 204 Monroe

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 204 Monroe

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Norman	E.	Wengert	January 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 3	October 20, 1914	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chef 61		Toronto, Canada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy A. Wengert	Pennsylvania	Mrs. Helen L. Roberts	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	062-16-1810	X Mrs. H. E. Wengert	Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease — INTERVAL BETWEEN ONSET AND DEATH: 12 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/18/1963 *to* 1/7/1967, *that I last saw the deceased alive on* 1/4/1967, *and that death occurred at* 5:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy O. Shaub M.D.	111 6th Ave E. Twin Falls Idaho	1/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 9, 1967	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/10/67	Pamela J. Johnson		E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 17 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 444
Local Reg. No. 1201
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ValleyView Rest Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 224 9th Ave East

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): I.
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): 1-8-1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 12-18-1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnisota
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: R.H.Curtis — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Alzina Walbridge — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edith Davis Stephens — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 50 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) from ASHD

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Brain Syndrome from Cerebral Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-4, 1967, *to* 1-8, 1967, *that I last saw the deceased alive on* 1-4, 1967, *and that death occurred at* 2:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE 578 C J Winster M.D. (Degree or title)
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-11-67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/12/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds — LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 20 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 445
Local Reg. No. D-010
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1933
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1529 Lindy Lane, Twin Falls,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1529 Lindy Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Hector
b. (Middle): George 000
c. (Last): Bates

4. DATE OF DEATH (Month) (Day) (Year): January 8 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: December 26, 1906
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Doorman 06
10b. KIND OF BUSINESS OR INDUSTRY: Idaho Theatre
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orson Bates — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Emily Tuttle — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 518-07-
16. SOCIAL SECURITY NO.: 4503
17. INFORMANT'S OWN SIGNATURE: Edith I. Bates — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH 5271
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Ischemia — INTERVAL BETWEEN ONSET AND DEATH: short time

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Myocarditis
DUE TO (c): Emphysema Asthma Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Jan 8, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 7 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. A. Wahr MD 146
23b. ADDRESS: 594 H [illegible]
23c. DATE SIGNED: 1-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 1/11/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 446
Local Reg. No. 2-015
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 18 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

JAN 1 6 1967 — Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 368 Martin St.

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) WAYNE c. (Last) LAWRENCE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 10, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept. 2, 1948

9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student

10b. KIND OF BUSINESS OR INDUSTRY: college

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chester C. Lawrence — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Freda Crumbliss — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-58-7005

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Chester Lawrence

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Small Bowel Obstruction — 72 hours
DUE TO (c): Post-Operative Adhesions

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-10-67

19b. MAJOR FINDINGS OF OPERATION: Small bowel obstruction and partial infarction

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-7-67, 19__, *to* 1-10, 1967, *that I last saw the deceased alive on* 1-10, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Thad Scholes M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 1-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 1-13-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/13/67

REGISTRAR'S SIGNATURE: Pamela Johnson

25. EMBALMER: Dale V. Patterson — LICENSE NO.: E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 447
Local Reg. No. 12-018
Reg. Dist. No. 460

Certificate of Death

RECEIVED JAN 2 0 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 640 Filer Avenue West

3. NAME OF DECEASED (Type or Print)
a. (First): Hattie
b. (Middle): Elizabeth
c. (Last): Fields

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 3, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Steamboat Rock, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred F. Sampson — BIRTHPLACE: Warren Co., Penna.
14. MOTHER'S MAIDEN NAME: Margaret C. Smith — BIRTHPLACE: Lee Co., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-2978 A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH 9030
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 wks - 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic heart Disease — 25 yrs

DUE TO (c): Comminuted fracture right hip — 5 wks 2 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify) 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): in daughter's home
21c. (CITY, TOWN, OR TOWNSHIP) 420 **(COUNTY)** (STATE): Filer, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-6-66 3 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Getting out of chair-twisted & fell backwards injuring hip

22. *I hereby certify that I attended the deceased from* 12-6, 1966 *to* 1/12/, 1967, *that I last saw the deceased alive on* 1/12/, 1967, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 431 (Degree or title): [signature] M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/16/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/17/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds — LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 448
Local Reg. No. D-024
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1423 Holly Drive 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1423 Holly Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Ted
b. (Middle): R.
c. (Last): Joines

4. DATE OF DEATH (Month) (Day) (Year): January 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 7, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dry Cleaner 21
10b. KIND OF BUSINESS OR INDUSTRY: 3-0 Cleaners
11. BIRTHPLACE (State or foreign country): North Wilkesboro, North Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Joines — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Etta Lowe — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 523-1
16. SOCIAL SECURITY NO.: 0-5835
17. INFORMANT'S OWN SIGNATURE: Edith Joines — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension & Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1960, *to* 1/12, 1967, *that I last saw the deceased alive on* 1/9, 1967, *and that death occurred at* 7:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Roy O. Shaw MD 466 (Degree or title)
23b. ADDRESS 111 6th Ave E. Twin Falls Ida
23c. DATE SIGNED 1/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/18/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 29 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 449
Local Reg. No. D-025
Reg. Dist. No. 40

RECEIVED
JAN 2 0 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 080
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Delvin b. (Middle) Ross c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year): January 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: 8-28-47
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Fred Rose — BIRTHPLACE: Oakley, Idaho
14. MOTHER'S MAIDEN NAME: Fern McFarland — BIRTHPLACE: West Weber, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): 519-
16. SOCIAL SECURITY NO.: 58-3432
17. INFORMANT'S OWN SIGNATURE: X John Fred Rose — ADDRESS: Rout 1 Murtaugh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Acute URI with Otitis Media

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia with pneumonia — 3 weeks

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 3, 1962, *to* Jan. 13, 1967, *that I last saw the deceased alive on* Jan. 13, 1967, *and that death occurred at* 2:25p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glenn A. Hoss, M.D. 246
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: Jan. 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/18/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 450
Local Reg. No. 12-077
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED JAN 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls 1-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1858 Shoup Ave. East 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1858 Shoup Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First) NORMAN
b. (Middle) KENT
c. (Last) WALLIS

4. DATE OF DEATH (Month) (Day) (Year) January 13, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 29, 1962
9. AGE (In years last birthday) 4 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02
10b. KIND OF BUSINESS OR INDUSTRY - - - - - -
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Delbert B. Wallis, BIRTHPLACE Oklahoma
14. MOTHER'S MAIDEN NAME Gerda F. Schutte, BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. - - - - - -
17. INFORMANT'S OWN SIGNATURE + Delbert B Wallis, ADDRESS Twin Falls, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Spindle Cell Sarcoma Prostate — INTERVAL BETWEEN ONSET AND DEATH 4-5 MO

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/12, 1966, *to* 1/13, 1967, *that I last saw the deceased alive on* 12/27, 1966, *and that death occurred at* 4:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE Ben Hoff (Degree or title) 274 M.D.
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 1/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-16-67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1/16/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 451
Local Reg. No. D-019
Reg. Dist. No. 460

RECEIVED JAN 20 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Derome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): BURTON
b. (Middle): L. 144
c. (Last): SCHUTTE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: April 11, 1941
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Metal Bldgs.
11. BIRTHPLACE (State or foreign country): Eden, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Vern Schutte — BIRTHPLACE: Guide Rock, Nebr.
14. MOTHER'S MAIDEN NAME: Lillian Schwarz — BIRTHPLACE: Eden, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): Dec.1960/dec.1963
16. SOCIAL SECURITY NO.: 518-48-9121
17. INFORMANT'S OWN SIGNATURE: Vern C Schutte — ADDRESS: Eden, Idaho

18. CAUSE OF DEATH 57057
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pylephlebitis — 15 days
DUE TO (c): Intestinal obstruction — 18 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 12-30-66
19b. MAJOR FINDINGS OF OPERATION: High small intestinal obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 30 Dec., 1966, *to* 14 Jan., 1967, *that I last saw the deceased alive on* 13 Jan., 1967, *and that death occurred at* 1:22a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John D. Johnson, M.D. 758
23b. ADDRESS: 111 6th Ave. East, Twin Falls, Idaho
23c. DATE SIGNED: 1-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-17-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/18/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature] White Mortuary
LICENSE NO.: E-343
FIRM NAME: Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 452
Local Reg. No. 12022
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421 800
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If in hospital or institution):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Skyview Manor 640 Filer Ave. W.

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle):
c. (Last): Manly

4. DATE OF DEATH (Month) (Day) (Year): January 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 8, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Argenta, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Clifton — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: James — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 519-58-3267
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Bessie McMurdie — ADDRESS: Twin Falls

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Recurrent Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis.
DUE TO (c): Hypertensive Arteriosclerotic Heart Disease Calcity Aortic Stenosis Auricular Fibrillation, Cholelithiasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/24, 1960, *to* 1/15, 1967, *that I last saw the deceased alive on* 1/15, 1967 *and that death occurred at* 915 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 466 Roy O. Shaw M.D. (Degree or title)
23b. ADDRESS: 111 6th Ave E. Twin Falls, Idaho
23c. DATE SIGNED: 1/16/67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-18-67
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Idaho

DATE REC'D BY LOCAL REG.: 1/18/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO. E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 453
Local Reg. No. 10-023
Reg. Dist. No. 46

BIRTH NO.

RECEIVED JAN 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION: Hase Nurseing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): P.O.Box 405

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAURA	ELLEN	PATTERSON	January 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow	Sept. 5, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Shobenier Illinois	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-30-8387	Marina Wall	Kimberly

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) GENERALIZED CACINOMATOSES — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) GRANULOSA THECAL CELL TUMOR LT. OVARY. 1 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* JUNE, 1952, *to* JAN 15, 1967, *that I last saw the deceased alive on* JAN 14, 1967 *and that death occurred at* 7.22 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. Ellis Knighton	MD	Kimberly, Idaho	1.16.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1.17.67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/18/67	Pamela J. Johnson		343

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 454
Local Reg. No. 2-026
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN: Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN: Filer
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) Raymond; b. (Middle) Glen; c. (Last) Doud

4. DATE OF DEATH (Month) (Day) (Year): January 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 28, 1882
9. AGE (In years last birthday): 84

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eldora, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred Doud — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Hayden — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: 519-40-6329
17. INFORMANT'S OWN SIGNATURE: X Mrs. R. G. Henderson — ADDRESS: Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis with hemiplegia — 1 month

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9, 1967 *to* 1-16, 1967, *that I last saw the deceased alive on* 1-16-67, 19___, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: George E. Brown (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-19-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/20/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER:
LICENSE NO.: E-343
FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 455
Local Reg. No. P-026
Reg. Dist. No. 40

RECEIVED

BIRTH NO.

JAN 2 0 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42) 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1407 Maple Street 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (42)
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1407 Maple Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANTHONY	J.	RICH	1 - 17 - 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	1 - 1 - 1900	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Electritian 27
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Rich — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. # 2
16. SOCIAL SECURITY NO.: 542-07-2395A
17. INFORMANT'S OWN SIGNATURE: x Mrs Maxine Rich — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

42401

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)		
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Coronary thrombosis	immediate
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 16, *19*67, *to* Jan. 17, *19*67, *that I last saw the deceased alive on* Jan. 17, *19*67, *and that death occurred at* 7:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard A Reynolds	M.D.	632 Main Ave. N. Twin Falls, Idaho	1-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	1-19-1967	Turin Cemetery	Turin Monona County, Iowa

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/18/67	Pamela J. Johnson	Willard A Reynolds	E-425

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 456
Local Reg. No. P-[redacted] 030
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 352 Diamond

3. NAME OF DECEASED (Type or Print)
a. (First): EFFIE
b. (Middle): MAY
c. (Last): BURGOYNE

4. DATE OF DEATH (Month) (Day) (Year): Jan. 17, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 7, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Jennings — BIRTHPLACE: unkn
14. MOTHER'S MAIDEN NAME: Jennie Henderson — BIRTHPLACE: unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x Joe Burgoyne — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Hypertensive Arteriosclerotic Heart Disease, Aortic Stenosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 12/18, 1961, *to* 1/17, 1967, *that I last saw the deceased alive on* 9/18, 1965, *and that death occurred at* 930 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy O. Shaub M.D. 466
23b. ADDRESS: 111 6th Ave E. Twin Falls Idaho
23c. DATE SIGNED: 1/18/67.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 1-20-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/19/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Dale P. Patterson
LICENSE NO.: E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

State File No. 457
Local Reg. No. P-042
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (421) 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 3 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (120)
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MAGIC VALLEY MEM. HOSPITAL
d. STREET ADDRESS (If rural, give location): P. O. Box

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): D. (143)
c. (Last): LEWIS

4. DATE OF DEATH: (Month) Jan. (Day) 18, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: Oct. 17, 1922

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer (06)

10b. KIND OF BUSINESS OR INDUSTRY: Atomic Energy Comm.

11. BIRTHPLACE (State or foreign country): Castleford, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES FRANKLIN LEWIS
BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: BESSIE JOHNSTON
BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 530-10-6832

17. INFORMANT'S OWN SIGNATURE: Leona Lewis
ADDRESS: P.O.Box Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilat. Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Secondary Anemia — 6 mons
DUE TO (c) Malnutrition — 6 mons
Chr. alcoholism — sev. years
Prob. Muscular Dystrophy — sev. years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

293X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY: YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 14th 67 *to* Jan 18, 1967, *that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* 9:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Vern H. Henderson, MD (Degree or title)

23b. ADDRESS: Buhl, Idaho

23c. DATE SIGNED: 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1/21/67

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 2/2/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Robert F. Dickard

LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 458
Local Reg. No. 42
Reg. Dist. No. 460

RECEIVED JAN 23 1967 Bureau of Vital Statistics

BIRTH NO. 421

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 266 Highland Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	E.	Larsen	January 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	12-21-1879	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer & Ditch Rider		Aalborg, Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars Peter Larsen	Denmark	Christana Paulson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-60-3738	X Erma Saunders	Twin Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Interval between onset and death: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — 5 Years
DUE TO (c) Generalized Arteriosclerosis — 10 Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchio-Pneumonia — 4 Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 10, 1958, *to* Jan 18, 1967, *that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* 4:35 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H Clark M.D.	Twin Falls, Idaho	1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-21-67	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/23/67	Pamela J. Johnson	Donald J. Hamilton	E-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 459
Local Reg. No. D-037
Reg. Dist. No. 460

RECEIVED JAN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421 4-01
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): Drilda 143
c. (Last): Bates

4. DATE OF DEATH (Month) (Day) (Year): Jan. 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 28, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alonzo Martindale — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Elizabeth McIntosh — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: 519-32-0659
17. INFORMANT'S OWN SIGNATURE: Warren Richard Bates — ADDRESS: Ogden Utah

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: 2 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/19/, 1966, *to* 1/18/67, 19__, *that I last saw the deceased alive on* 1/18, 1967, *and that death occurred at* 2 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): V. V. Telford 525 MA.
23b. ADDRESS: 153 Blue Lakes Blv'd North. T.F.
23c. DATE SIGNED: 1/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 1/21/1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: 1/26/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 28 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 460
Local Reg. No. D-032
Reg. Dist. No. 460

RECEIVED JAN 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 162 6th Ave. N. 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 162 6th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): A.
b. (Middle): A.
c. (Last): Timm

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 14, 1880
9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Real Estate
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Centerville, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown 24
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-40-7706
17. INFORMANT'S OWN SIGNATURE: X Judson A. Timm
ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease — several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Osteoarthritis, general — 10 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* Jan 18, 1967, *that I last saw the deceased alive on* Jan 17, 1967, *and that death occurred at* 1:00 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE 551 (Degree or title): George W. Warner MD
23b. ADDRESS: 111 6th Ave E Twin Falls
23c. DATE SIGNED: 1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls (State): Idaho

DATE REC'D BY LOCAL REG.: 1/23/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 461
Local Reg. No. P-028
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY: 880
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldell Rest Home 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 2023 Falls Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Ellen
b. (Middle): S.
c. (Last): Holmquist

4. DATE OF DEATH (Month) (Day) (Year): January 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: April 8, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bjorklun — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Spetz — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-0146
17. INFORMANT'S OWN SIGNATURE: Lloyd Holmquist — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular
Renal disease & Cerebral Heart failure — 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): old age Gen
artenosterosis
DUE TO (c): senility Gen debility — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Jan 18, 1967, *that I last saw the deceased alive on* 1-18, 1967, *and that death occurred at* 8:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 598 Hazeldell Drive
23c. DATE SIGNED: 1-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-23-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/20/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
JAN 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 462
Local Reg. No. 12-029
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): K. 143
c. (Last): Hayter

4. DATE OF DEATH (Month) (Day) (Year): January 19, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 29, 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 13
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Duncan, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emil Maag — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Anna marie Ernst — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 559-18-7839
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Rt. 2 Twin Falls, Ida.

18. CAUSE OF DEATH 171X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Cervix c̄ Metastasis — INTERVAL BETWEEN ONSET AND DEATH: 9 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1958, *to* Jan 19, 1967, *that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* 7:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Applech MD 003
23b. ADDRESS: Twin Falls Id
23c. DATE SIGNED: 19 Jan 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-21-67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/20/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

JAN 1 1 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 463
Local Reg. No. D-052
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 40?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1530 9th Ave. E. 60?

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1980 Filer Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Inez	Penny	Roth	January 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married 3	11-26-1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Housewife	Buhl, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bryan E, Rogers	Bellview, Idaho	Nora Whitaker	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-26-9854	X H. Ted Roth	Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) death due to unknown — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cause — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 30, 1966, *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 6, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harry F Brimhall MD	676 Shoup W. Twin Falls Idaho	2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1-24-67	Buhl Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/8/67	Pamela J. Johnson	Ronald J. Hamilton	E-470

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 464
Local Reg. No. D-034
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JAN 27 1967 1-23

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Rural) Twin Falls
c. LENGTH OF (Hours, Days, Place) 23 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rte 3, End Filer Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls - Rural
d. STREET ADDRESS (If rural, give location) Rte 3, End Filer Ave., West

3. NAME OF DECEASED (Type or Print)
a. (First) EDITH
b. (Middle) F. 000
c. (Last) BURGUESS

4. DATE OF DEATH (Month) (Day) (Year) January 20, 1967

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 8, 1901
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Topeka, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank Hansen — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Clara Down — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Tom Burguess — ADDRESS Route 3 Twin Falls Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis — 5 yrs.
DUE TO (c) Hypertensive C.V.D. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 13, 1967, *to* Jan 20, 1967, *that I last saw the deceased alive on* Jan 20, 1967, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE Willard A. Edith (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 1-24-67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 1/25/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 465
Local Reg. No. D-033
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JAN 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY T. Falls
c. CITY OR TOWN Rural Filer
d. STREET ADDRESS (If rural, give location) R.R. #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Leah	S.	Inman	January 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 8, 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert Husbands	Salt Lake City, Utah	Ada Thomas	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		529-16-8484D	Michael W Inman	Filer, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Calcific mitral stenosis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic heart disease — 50 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cellulitis of feet due to frost bite. — 12 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-13, 19 62, *to* 1/21/, 19 67, *that I last saw the deceased alive on* 1-21, 19 67, *and that death occurred at* 1:25 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jerry L. Brown MD	M.D.	Twin Falls, Idaho	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial-Removal	1/24/67	Wasatch Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1/24/67	Pamela J. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 466
Local Reg. No. 12-036
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 30 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 080
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Route 1, 202 Park Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Eva
b. (Middle): L. 143
c. (Last): Larios

4. DATE OF DEATH (Month) (Day) (Year): January 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 1-17-1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hepner, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Wilson — BIRTHPLACE: Portland, Oregon
14. MOTHER'S MAIDEN NAME: Laura Bills — BIRTHPLACE: Grinnell, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): 519-05-8808
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs Earl Bates — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH 331 X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from left middle cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis of cerebral arteries — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Diseases — 16 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 9, 1949, *to* Jan 20, 1967, *that I last saw the deceased alive on* Jan 20, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. C. Kreilhamy MD 296
23b. ADDRESS: 676 Shaw Twin Falls
23c. DATE SIGNED: Jan 23 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-26-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/26/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 467
Local Reg. No. D-035
Reg. Dist. No. 460

RECEIVED JAN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls (42)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (42) b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 794 Mountain View Drive

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) E. (143) c. (Last) Wanzenried

4. DATE OF DEATH: (Month) January (Day) 22, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married (3)

8. DATE OF BIRTH: May 12, 1917

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (13)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): San Jose, California

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Ellerton — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: Louise Tabb — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-50-9907

17. INFORMANT'S OWN SIGNATURE: X Irene E. Wanzenried — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Waterhouse Friderichsen Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Streptococciema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

0571

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 21, 1967 *to* Jan. 22, 1967, *that I last saw the deceased alive on* Jan. 22, 1967, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Ellis Knight (286) — (Degree or title) M.D.

23b. ADDRESS: Kimberly, Idaho

23c. DATE SIGNED: 1-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 1-25-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 1/26/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Ronald J. Hamilton

LICENSE NO.: E-1490

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 6 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG1 4 1996

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 468
Local Reg. No. 1031
Reg. Dist. No. 46

RECEIVED JAN 27 1967 Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 1-02
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (In this place) 28 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) Sky View Manor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	TILDON	BIBB	Jan. 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	Oct. 5, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranger 08	Forest service	Gatesville, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William O. Bibb	Texas	Nancy Bibb	Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	519-05-1948	Nursing home records	

4300

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Gen. Arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - -	- - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - - - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* Nov *19* 60 *to* Jan 22 *19* 67, *that I last saw the deceased alive on* Jan 22 *19* 67, *and that death occurred at* 6:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William A. Clark MD	Twin Falls, Idaho	1-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	1-23-67	Ardmore Cemetery	Ardmore, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-23-67	Pamela J. Johnson	Dale Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 469
Local Reg. No. 42-639
Reg. Dist. No. 42C

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls 42 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — c. LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 42 — b. COUNTY: T. Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — d. STREET ADDRESS (If rural, give location): 141 Blue Lakes Blvd. South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	May	Cutler	January 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 30, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. School Teacher 13		Neas City, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob M. Grove	Penna.	Lyda Ellen Knowles	St. Joe, Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		547-16-2020	Ruth C. Olsen	Ephraim, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterioscl. coronary thrombosis — 2 months

DUE TO (c) General arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-2, 19 66, *to* 1/27/, 19 67, *that I last saw the deceased alive on* 1-27-67, 19 ___, *and that death occurred at* 4:35p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. S. Brown MD M.D.	Twin Falls, Idaho	1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1/31/67	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/2/67	Wanda L. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 470
Local Reg. No. D-038
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 31 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
d. STREET ADDRESS (If rural, give location): Box #4

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): E. 143
c. (Last): Webb

4. DATE OF DEATH (Month) (Day) (Year): January 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 5, 1920
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Club Owner 26
10b. KIND OF BUSINESS OR INDUSTRY: farmer & rancher
11. BIRTHPLACE (State or foreign country): Eden, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Irvin Webb — BIRTHPLACE: Deseret, Utah
14. MOTHER'S MAIDEN NAME: Nancy Presler — BIRTHPLACE: White Cloud, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes / (If yes, give war or dates of service): WW II4 US Army
16. SOCIAL SECURITY NO.: 519-32-0677
17. INFORMANT'S OWN SIGNATURE: Violet Webb — ADDRESS: Hazelton, Idaho

18. CAUSE OF DEATH 463X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Right Phlebothrombosis lower
DUE TO (c): extremity cause undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-19, 1967, *to* 1-27, 1967, *that I last saw the deceased alive on* 1-23, 1967, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry F. Brumbach Jr MD 064
23b. ADDRESS: 676 Shoup W. Twin Falls
23c. DATE SIGNED: 1-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1-31-67
24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton, Idaho

DATE REC'D BY LOCAL REG.: 1/30/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 471
Local Reg. No. D-045
Reg. Dist. No. 460

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 FEB 6 1967
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (If hospital or institution) 303 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Nettie b. (Middle) Elizabeth 144 c. (Last) Gorringe Whittle

4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Feb. 20, 1904

9. AGE (In years last birthday) 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Marion, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Lambert Gorringe — BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Mary Ann Shields — BIRTHPLACE Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Nettie Whittle ADDRESS Oakley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL BILATERAL BRONCHOPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) METASTATIC MALIGNANCY W COMPRESSION Fractures T5-T6 - PRIMARY LOCATION NOT KNOWN — 2 wks.
DUE TO (c) SEVERE MALNUTRITION + CACHEXIA (INVALID - BED RIDDEN) — 18 Mos.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23-67, 19__, *to* 1-28-67, 19__, *that I last saw the deceased alive on* 1-28-67, 19__, *and that death occurred at* 8:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph W. Marshall 330 (Degree or title) M.D.

23b. ADDRESS Twin Falls Idaho

23c. DATE SIGNED 1-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 1/31/1967

24c. NAME OF CEMETERY OR CREMATORY Oakley Cemetery

24d. LOCATION (City, town, or county) (State) Oakley, Idaho

DATE REC'D BY LOCAL REG. 2/3/67

REGISTRAR'S SIGNATURE Pamela J. Johnson

25. EMBALMER Ruth Payne — LICENSE NO. E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 0 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 472
Local Reg. No. 0041
Reg. Dist. No. 410

BIRTH NO. 420

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl,
c. LENGTH OF STAY (In this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harrel Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 704 Yakima

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harry	Edward	Hammerquist	1-29-67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 3	March 11, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	New York Life Ins	Rapid City, South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Hammerquist	Sweden	Marie Anderson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-14-3596-A	Mrs Harry Hammerquist	Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept. 3, 1966, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan 29, 1967, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	129 4th Ave No Buhl	1-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	2-1-67	Filer IOOF Cemetery	Filer,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/2/67	Pamela J. Johnson	[signature]	E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 473
Local Reg. No. V-046
Reg. Dist. No. 460

Certificate of Death

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 739 Juniper

3. NAME OF DECEASED (Type or Print)
a. (First): Ronald
b. (Middle): S. 142
c. (Last): Cutler

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 5, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dept. of Employment 88
10b. KIND OF BUSINESS OR INDUSTRY: Area Manager
11. BIRTHPLACE (State or foreign country): Ashton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. Sheldon Cutler — BIRTHPLACE: Lewiston, Idaho
14. MOTHER'S MAIDEN NAME: Lille Powers — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-7668
17. INFORMANT'S OWN SIGNATURE: Marie M. Cutler — ADDRESS: Twin Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 22 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ASHD — 13 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Aortic Atherosclerosis — Aortic Transplant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3, 1957, *to* 1-31, 1967, *that I last saw the deceased alive on* 1-31, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 578 — (Degree or title): [signature] M.D.
23b. ADDRESS: 204 4th Ave. East, Twin Falls, Idaho
23c. DATE SIGNED: 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-3-67
24c. NAME OF CEMETERY OR CREMATORY: Buhl, Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 2/2/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 474
Local Reg. No. 2-014
Reg. Dist. No. 460

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 430 FEB 6 1967
b. CITY OR TOWN: Buhl
c. LENGTH OF RESIDENCE (At place of death): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): % Harral Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELIZA	M.	SHAUB	Jan. 31, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 18, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	London, England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Bridgeman	England	Unknown	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE & ADDRESS
No			Mrs. Scott Royal Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Heart Failure-	
	ANTECEDENT CAUSES	
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	
DUE TO (b)	Acute Upper Resp Infection	4 days
DUE TO (c)	Diabetes Mellitus	15 yrs
	Arteriosclerotic Heart Disease	15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 56, 19__, *to* Jan 31, 1967 *that I last saw the deceased alive on* Jan 31, 1967 *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson MD	Buhl, Ida.	2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/3/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/3/67	Pamela J. Johnson	George Farmer	E-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 475
Local Reg. No. 10-043
Reg. Dist. No. 460

Certificate of Death

RECEIVED
FEB 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If in hospital or institution, give street address or location):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1140 Florence

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): A. 143
c. (Last): Jones

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 18, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Accountant 19
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leadville, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Jones — BIRTHPLACE: London, England
14. MOTHER'S MAIDEN NAME: Elizabeth May — BIRTHPLACE: London, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 519-10-6259 A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident.
INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cataracts, Prostatism.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8/26, 1965, *to* 1/31, 1967, *that I last saw the deceased alive on* 1/31, 1967, *and that death occurred at* 3:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy Shaub M.D. 466
23b. ADDRESS: 111 6th Ave E. Twin Falls, Ida
23c. DATE SIGNED: 2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 2-3-67
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 2/2/67
REGISTRAR'S SIGNATURE: Pamela Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 476
Local Reg. No. 10-011
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1238 6th Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): Orlo
b. (Middle):
c. (Last): Williams

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 17, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Florist & Green House Operator
10b. KIND OF BUSINESS OR INDUSTRY: 22
11. BIRTHPLACE (State or foreign country): Clarion, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward D. Williams — BIRTHPLACE: Salem, Iowa
14. MOTHER'S MAIDEN NAME: Ruth Roberts — BIRTHPLACE: Salem, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-1986A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH 177X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BILATERAL BRONCHOPNEOMONIA TERMINAL — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA - PROSTATE c̄ METASTASES. — 2yrs
DUE TO (c) ARTERIOSCLEROTIC HEART DISEASE GRADE II — 2yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES MELLITUS ADULT TYPE — 3mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* 1/31/__, 19 67, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:45a. *m., from the causes and on the date stated above.*

23a. SIGNATURE 330 (Degree or title): Joseph W. Marshall M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/3/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/7/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds — Paul D. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 477
Local Reg. No. D-046
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 303 6th Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): F. 143
c. (Last): Fink

4. DATE OF DEATH (Month) (Day) (Year): January 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 4
8. DATE OF BIRTH: December 24, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 06
10b. KIND OF BUSINESS OR INDUSTRY: Meat Packing Co.
11. BIRTHPLACE (State or foreign country): Pueblo, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Fink — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-8929-A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

150X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the oesophagus — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): the oesophagus
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 8, 1947, *to* Jan 31, 1967, *that I last saw the deceased alive on* Jan 31, 1967, *and that death occurred at* 8:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Abbleck 1003
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-4-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/6/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E#-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 21 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 6 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 478
Local Reg. No. 2
Reg. Dist. No. 311

Certificate of Death

STATE OF IDAHO

RECEIVED
JAN 3 1 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Valley 430 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (in this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Retirement Home 327

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Lula
b. (Middle) Ethel
c. (Last) Shaver

4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Jan. 20, 1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Ava, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lincoln Hammons — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Vina Hobbs — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 24 6873
17. INFORMANT'S OWN SIGNATURE Gilbert L. Gletwood — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1962, *to* Jan 14, 1967, *that I last saw the deceased alive on* Jan 14, 1967, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 006 Wayne T. Allen M.D.
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 1-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Jan. 18, 1967
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. Jan-24-1967
REGISTRAR'S SIGNATURE Myrtle A. Gardner
25. EMBALMER Glenn W. Beatty — LICENSE NO. 392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 479
Local Reg. No. 8
Reg. Dist. No. 320

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 441 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon 555 b. COUNTY Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lime, Oregon
d. STREET ADDRESS (If rural, give location) Oregon Portland Cement Co. Lim

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Olen 153 c. (Last) Ragsdale

4. DATE OF DEATH (Month) 1 (Day) 24 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 11-30-1907
9. AGE (In years last birthday) 59 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 21
10b. KIND OF BUSINESS OR INDUSTRY Elect, Maint.
11. BIRTHPLACE (State or foreign country) Roanoke, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME H C Ragsdale BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Williams BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-12-0897
17. INFORMANT'S OWN SIGNATURE Olen O. Ragsdale ADDRESS Baker.Or

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A. 331X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-23, 1967, *to* 1-24-, 1967, *that I last saw the deceased alive on* 1-24, 1967, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE 344 [signature] (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1-28-1967
24c. NAME OF CEMETERY OR CREMATORY Mt Hope Cemetery
24d. LOCATION (City, town, or county) (State) Baker, Oregon

DATE REC'D BY LOCAL REG. 2-15-67
REGISTRAR'S SIGNATURE K. Dace Thomason
25. EMBALMER K. Dace Thomason
LICENSE NO. E388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 480
Local Reg. No. 6
Reg. Dist. No. 320

Certificate of Death

RECEIVED FEB 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): 153
c. (Last): SIPE

4. DATE OF DEATH (Month) 1 (Day) 24 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 10/6/1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Sutton, Nebraska
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Jacob Schwabauer — BIRTHPLACE: ---
14. MOTHER'S MAIDEN NAME: Emma Sitner — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Clifford L. Sipe — ADDRESS: Midvale

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

260 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occ. — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic H.D. — 10 y
DUE TO (c) Diabetes Mellitus — 20 y

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Gangrene, Toes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1/24, 1966, *to* 1/24, 1967 *that I last saw the deceased alive on* 1/24, 1967 *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title)
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 1/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/27/1967
24c. NAME OF CEMETERY OR CREMATORY: Eastside Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Idaho

DATE REC'D BY LOCAL REG.: 1/24/67
REGISTRAR'S SIGNATURE: F. Dale Thomason
25. EMBALMER: R. Dale Thomason
LICENSE NO.: E-388

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 481
Local Reg. No. 7
Reg. Dist. No. 320

BIRTH NO.

RECEIVED FEB 10 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington 44
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 44
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Jessie b. (Middle) R. 153 c. (Last) Laird Woods

4. DATE OF DEATH: (Month) 1 (Day) 29 (Year) 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	widowed 2	5/16/1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teacher 12	schools	Blue Hill, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Laird	----	Mary Murdaugh	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs. Barbara D. Deacon	535 Main

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-5- *, 1966, to* 1-29- *, 1967, that I last saw the deceased alive on* 1-29 *, 1967, and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Weiser, Idaho	1/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	1/31/67	Hillcrest cemetery	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
1-31-67	[signature]	Marshall Dickerson Jr.	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 482
Local Reg. No. 96
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 01 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3-01 ½ Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2419 Reagan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Beatrice	Isabelle	Griffith	Jan. 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 1, 1909	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	Home	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Merton Doolittle	Ill.	Charlotte Luff	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-2300	R C Griffith	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension 7 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker MD	121 E. Idaho Boise	2/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 20, 1967	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Myrtle Talmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 3 1 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 483
Local Reg. No. 109
Reg. Dist. No. 370

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1610 Harrison Boulevards

3. NAME OF DECEASED (Type or Print)
a. (First): ALMON
b. (Middle): W. 003
c. (Last): CARLEY

4. DATE OF DEATH (Month) (Day) (Year): Jan. 30, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 23, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Goodyear Tire Co.
11. BIRTHPLACE (State or foreign country): Helena, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Ancil D. Carley, Barrie Ontario, Canada
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mattie R. Nixon, Vincennes, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 562-01-7218
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Helen L. Carley 1610 Harrison Blvd Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic HH disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/28, 1967, *to* 1/30, 1967, *that I last saw the deceased alive on* 1/30, 1967, *and that death occurred at* 10:20 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Antelo MD 557
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 3
24b. DATE: 2-22-67
24c. NAME OF CEMETERY OR CREMATORY: Holy Cross Cemetery
24d. LOCATION (City, town, or county) (State): Santa Monica, California

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 484
Local Reg. No. 12
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 14 1967 Vital Statistics 3-19

1. PLACE OF DEATH
a. COUNTY: ADA 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: MADISON 330
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SUGAR CITY
d. STREET ADDRESS (If rural, give location): ROUTE 1

3. NAME OF DECEASED (Type or Print): a. (First) ERAS b. (Middle) NMI c. (Last) GARDNER

4. DATE OF DEATH: (Month) (Day) (Year): Feb. 1, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 9-16-93

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Teton City, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frederick Gardner
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Eliza Burns
BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW #1 13 83

16. SOCIAL SECURITY NO.: 519-42-7867

17. INFORMANT'S OWN SIGNATURE: [signature] Asst
ADDRESS: VA RECORDS VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac tamponade

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Metastatic carcinoma of myocardial wall.

DUE TO (c): Bronchogenic carcinoma right lower lobe.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Prior carcinoma pharynx 1962 controlled by irradiation & left radical neck dissection 1964 for cervical metastases without evidence of recurrence.

INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs. / Months (?) / Year (?)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XXX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 13, 1967, to Feb. 1, 1967, and that death occurred at 7:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: Wm.W. Laxson (Degree or title) 597
Wm. W. LAXSON MD

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 2-1-67

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]
LICENSE NO.: E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 15 1967

JUN 16 1967

JUL 13 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17, to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 485
Local Reg. No. 79
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
FEB 7 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3110 Crescent Rim Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3110 Crescent Rim Drive

3. NAME OF DECEASED (Type or Print): a. (First) Catharine b. (Middle) Moore c. (Last) Davidson

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 2, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 16, 1906

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Crawford Moore
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Mildred Fraser
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X Eldon Davidson Carley
ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of larynx
INTERVAL BETWEEN ONSET AND DEATH: 1958

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-7-60 *to* 2-1-67, *that I last saw the deceased alive on* 2-1-67, *and that death occurred at* 4 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: W.R. Forney 173 (Degree or title): M.D.

23b. ADDRESS: 425 Bannock St Boise

23c. DATE SIGNED: 2-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 2-4-67

24c. NAME OF CEMETERY OR CREMATORY: Mountain View

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson
Eldon T. Pearson
LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 486
Local Reg. No. 87
Reg. Dist. No. 270

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1809 South Roosevelt

3. NAME OF DECEASED (Type or Print): a. (First) Edith b. (Middle) Dolan 003 c. (Last) Riley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 18, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Ohio, Illinois
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Michael — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: O. Rourke — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ray M C Nichols — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gall Stone Ileus; 584.X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated gall bladder by large gall stone.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metabolic alkylosis and arteriosclerotic heart disease.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-30, 19 67, *to* 2-2, 19 67, *that I last saw the deceased alive on* 2-2, 19 67, *and that death occurred at* 2:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: C C Jones 261 (Degree or title): MD
23b. ADDRESS: 425 Bannock Street, Boise, Idaho 83702
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 487
Local Reg. No. 83
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1515 N. 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JEROME
b. (Middle):
c. (Last): EVANS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 26, 1916
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Field Coordinator 08
10b. KIND OF BUSINESS OR INDUSTRY: Economic Develop. Adm.
11. BIRTHPLACE (State or foreign country): Lava Hot Springs, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David H. Evans
BIRTHPLACE: Arimo, Idaho
14. MOTHER'S MAIDEN NAME: May Coffin
BIRTHPLACE: Nine Mile, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-01-8369
17. INFORMANT'S OWN SIGNATURE: Mrs. Lois Evans
ADDRESS: 1515 N. 11th Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

463 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thrombotic Pulmonary Embolism.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Had an Operation on his leg about IO days before.part of bone
DUE TO (c): removed. right leg. Blood clot formed. broke loose, caused theabove condition.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Mins; IO days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See *, 19* ___ *to* Alive *, 19* ___ *, that I last saw the deceased alive on* ___ *19* ___ *, and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 583 E. D. Davis (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 2-8-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 05 1997

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 488
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
Bureau of Vital Statistics
STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 FEB 7 1967
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1813 Shoshone

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Alva b. (Middle) E 003 c. (Last) Gilbert

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 10, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 01

10b. KIND OF BUSINESS OR INDUSTRY: School system

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Gilbert
BIRTHPLACE: Cottage Grove Oregon

14. MOTHER'S MAIDEN NAME: Margaret Coggburn
BIRTHPLACE: Vale, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-07-0414

17. INFORMANT'S OWN SIGNATURE: Rose E Gilbert
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4517

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Ruptured Thoracic aortic aneurysm. — INTERVAL BETWEEN ONSET AND DEATH: 20 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis — 2-3 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1957, *to* Feb 3, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* 1:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Blackburn (Degree or title): MD

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/6/67

24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery

24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson

LICENSE NO.: E-455

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 7 - 1967

FEB 6 1968

SEP 24 1981

APR 06 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Sept 20, 1971

Certificate of Death
STATE OF IDAHO

State File No. 489
Local Reg. No. 88
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Restful Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Idaho b. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Rt 1 Meridian

3. NAME OF DECEASED (Type or Print): a. (First) Agustin b. (Middle) ---- c. (Last) Arte
4. DATE OF DEATH (Month) (Day) (Year): February 5, 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 28, 1899
9. AGE (In years last birthday): 67 IF UNDER 1 YR. Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Arbacegui, Viscaya, Spain
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Jose Artecheuarria BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Leona Sabala BIRTHPLACE: Spain
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Flora Arte ADDRESS: Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b) and (c)

This does not mean the mode of dying, such as heartfailure, asthenia, etc. It means the disease, injury, or complication which caused death.

5230

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH *(a) Acute Respiratory insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema
DUE TO (c) Pneumoconiosis-probably silicosis

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 19 67, *to* 2-5, 19 67, *that I last saw the deceased alive on* 2-5, 19 67, *and that death occurred at* 11:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. E. Clohessy, M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 2-10-67
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-9-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 9 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 20 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 490
Local Reg. No. 81
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
FEB 10 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 000
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1721 Olympia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1904 N. 32nd. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Glen	Dale	Howater	February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 17, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet metal 21	Bldg. Industry	Hays County, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Aaron Howater		Sarah R. Ness	Boston, Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. I 3348	519-16-1502	Fern N. Howater	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: progressive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-30, 1963, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
3/8 M.D.	401 N. Orchard Boise Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/8/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-10-67	Myrtle Palmer	John L. Wilkerson	E-435

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

AMENDED

RECEIVED MAY 25 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 491
Local Reg. No. 10
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 68 Days 2-02
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE.
d. STREET ADDRESS (If rural, give location): 602 North 5th St

3. NAME OF DECEASED (Type or Print)
a. (First): Harold
b. (Middle): V
c. (Last): PACKER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 6-26-05
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker 24
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Eddy G. Packer. BIRTHPLACE: Des Moines, Iowa
14. MOTHER'S MAIDEN NAME: Ida M. Reeves. BIRTHPLACE: Seney, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 519 35 2460
17. INFORMANT'S OWN SIGNATURE: D. L. MOORE, VA CENTER, BOISE, IDAHO — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA, left adrenal, cortical, with extension into body & tail of pancreas - previously reported as carcinoma of pancreas

ANTECEDENT CAUSES — DUE TO (b)

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 1 year (?)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from Nov 29, 19 66, to Feb 5, 19 67, ~~that I last saw the deceased alive on~~ ~~19~~, and that death occurred at 1:50PM m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Laxson MD (Degree or title): W. W. LAXSON, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 2-8-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: E 422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 491
Local Reg. No. 10
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 68 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 602 North 5th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HAROLD	V	PACKER	Feb.	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	6-26-05	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Eddy G. Packer — BIRTHPLACE: Des Moines, Iowa
14. MOTHER'S MAIDEN NAME: Ida M. Reeves — BIRTHPLACE: Seney, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 519-36-24-60
17. INFORMANT'S OWN SIGNATURE: D. L. MOORE — ADDRESS: VA Center, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 157X Carcinoma pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 yr?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
12-27-66	Carcinoma pancreas	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I attended the deceased from Nov 29, 1966, to Feb 5, 1967, and that death occurred at 1:50 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. W. LAXSON, M. D.	VA CENTER, BOISE, IDAHO	2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/8/67	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-7-67	Myrtle Palmer		E 422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 7 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 17 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 492
Local Reg. No. 78
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 17 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 919 Pueblo

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jessie	Rose	Rogers	Feb. 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Aug. 15, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Miles City, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Max Worst	Austria	Molly Moy	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	1538	X Virginia Ingraham	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Colon

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy R Baker MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-9-67	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-14-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 493
Local Reg. No. 93
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 21 1967 Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1125 Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Herbert
c. (Last): Welton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5 1967

5. SEX: Male
6. COLOR OR RACE: cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Groceryman 22
10b. KIND OF BUSINESS OR INDUSTRY: Grocery-Retail
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Welton — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Roxana Helen Bailey — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-40-5215
17. INFORMANT'S OWN SIGNATURE: x Helen Turner — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 7 Da

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart — 10 yrs
DUE TO (c) Diseas

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Urinary tract Inf — 3 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-21, 1966, *to* 2-5, 1967, *that I last saw the deceased alive on* 2-3, 1967, *and that death occurred at* 5-8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl B. Smithson 484
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/8/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elad [illegible]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 494
Local Reg. No. 120
Reg. Dist. No. 370

BIRTH NO. 3-03

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Edward	Leroy	McPherson	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Mar. 28, 1905	61	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 04	farm	Star, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac McPherson	Iowa	Della Lowery	Star, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	543-07-8076	X Leah McPherson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bacteremia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute + chronic pyelonephritis	2-3 weeks
DUE TO (c)	Carcinoma of Prostate	16 mo.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma of Prostate	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 18 Oct, *19*65, *to* 6 Feb, *19*67, *that I last saw the deceased alive on* 6 Feb, *19*67, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	395 MD	403 Idaho St. Boise	2 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 9, 1967	Sweet	Sweet, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-28-67	Myrtle Palmer	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 1 2 1994

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 495
Local Reg. No. 117
Reg. Dist. No. 370

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4103 Kootenai (Home) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4103 Kootenai

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) ARCHIE c. (Last) MELLOR BRAMMER

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 67

5. SEX: Male

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 5 - 21 - 18

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24

10b. KIND OF BUSINESS OR INDUSTRY: Silk Screen Printing

11. BIRTHPLACE (State or foreign country): Sandy, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Douglas Brammer
BIRTHPLACE: Shefield, England

14. MOTHER'S MAIDEN NAME: Elsie Hollingsworth
BIRTHPLACE: Shefield, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-14-0561

17. INFORMANT'S OWN SIGNATURE: X Douglas Brammer
ADDRESS: 1736 Berkeley St. S.L.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 583
23b. ADDRESS: 3720 Meadow Drive, Boise,
23c. DATE SIGNED: 2-17-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 - 11 - 67
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake City Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 2-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER:
LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1967

MAR 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 1 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 496
Local Reg. No. 82
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 11 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 311 Eagleson Road

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Guy	Owen	Vanderford	February 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Oct. 29, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Buffalo, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Newton Vanderford	Unknown	Jane Van Horn	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	518-28-6640	Alice Vanderford	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Feb. 6, 1967, *that I last saw the deceased alive on* Feb. 6, 1967, *and that death occurred at* 9:15 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mark R. Bell 039 M.D	Boise, Idaho	2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/9/1967	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-10-67	Myrtle Palmer	John F. Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 497
Local Reg. No.
Reg. Dist. No.

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes - Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): #2 Mesa Vista

3. NAME OF DECEASED (Type or Print): a. (First) Francis b. (Middle) Reid c. (Last) Oberhansley

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: March 31, 1896

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent 06

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Nat'l Park Service;

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Herman Oberhansley
BIRTHPLACE: Shezingen Switzerland

14. MOTHER'S MAIDEN NAME: Amelia Smith
BIRTHPLACE: Kietrupgourd Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.1-W.W.II

16. SOCIAL SECURITY NO. 520-38-8733

17. INFORMANT'S OWN SIGNATURE: Carol C. Smith
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Boise (COUNTY) ADA (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-22, 1955, *to* 7-6, 1966, *that I last saw the deceased alive on* 7-6-, 1966, *and that death occurred at* 4:08 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 528 [signature]

23b. ADDRESS: 305 Fort St. Boise, Idaho

23c. DATE SIGNED: 2-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery

24d. LOCATION (City, town, or county) (State): Ogden, Utah

*DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]
LICENSE NO. E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No.
Local Reg. No. 102
Reg. Dist. No. 370

BIRTH NO.

FEB 2 1 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): #2 Mar Vista

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) Reid c. (Last) Oberhansley

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: March 31, 1896

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Nat. Park Ser.

10b. KIND OF BUSINESS OR INDUSTRY: Park Caretaker

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herman Oberhansley
BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Amelia Smith
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI, WWII

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Lucile L. Oberhansley
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart Disease
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-22, 1955, *to* 7-6, 1966, *that I last saw the deceased alive on* 7-6, 1966, *and that death occurred at* 4:08P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: 305 Fort Street, Boise, Idaho
23c. DATE SIGNED: 2-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: 2-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-468
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-[illegible]21

DUTIES: FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 9 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 498
Local Reg. No. 103
Reg. Dist. No. 370

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus's 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1311 No. 18th

3. NAME OF DECEASED (Type or Print)
a. (First) Priscilla
b. (Middle) I.
c. (Last) Barton

4. DATE OF DEATH (Month) Feb. (Day) 8, (Year) 1967

5. SEX Female
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 11, 1883
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Paul — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Louisa Bourne — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE + Amasa H. Barton — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORONARY HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29-54, *19*___, *to* 2-8-67, *19*___, *that I last saw the deceased alive on* 2-8-67, *19*___, *and that death occurred at* 5:35 *pm., from the causes and on the date stated above.*

23a. SIGNATURE Maurice M. Rudolph Oldev (Degree or title)
23b. ADDRESS 848 La Cassia Boise, Idaho
23c. DATE SIGNED 2-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 2-21-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 499
Local Reg. No. 104
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 000

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 01

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1024 Clover Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Dorothy	Jackson	February 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	Aug. 29, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Brownsville, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Hembd	Germany	Anna Eckhoff	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-32-3546	[illegible] Jackson	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3348

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gen. Arteriosclerosis & — 4 years

DUE TO (c) Cerebral Insufficiency & Hypertension. — 4 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1964 *to* Feb 1967, *that I last saw the deceased alive on* 2-8-67, *and that death occurred at* 9:55A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard O. Sykes 545	MD	201 E. Bannock, Boise	2/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/11/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-21-67	Myrtle Palomer	John F. Wilkerson	E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 500
Local Reg. No. 98
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

3-21

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 800 E. Pennsylvania St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dovey
b. (Middle): Martha Fern
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 22, 1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Laramee, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Sam Shipp — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Cora West — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard Rose — ADDRESS: Boi

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive vascular disease. C.V.H.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) R. hemiplegia + basal ganglion paralysis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3- *, 19* 57 *, to* 2-8 *, 19* 67 *, that I last saw the deceased alive on* 2-8 *, 19* 67 *, and that death occurred at* 6:30 *pm., from the causes and on the date stated above.*

23a. SIGNATURE: Joan L Thomson 528 (Degree or title)
23b. ADDRESS: 305 Fort St. Boise, Idaho
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Danial G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1967 16

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 501
Local Reg. No. 94
Reg. Dist. No. 370

RECEIVED FEB 21 1967 Bureau of V.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor 293

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1518 Howe St.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Ernest
c. (Last): Goff

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 22, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Retail food-coal
11. BIRTHPLACE (State or foreign country): Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Curry Goff — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Rachel S. Harrold — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-10-3942
17. INFORMANT'S OWN SIGNATURE: X Mrs. Alma Burns — ADDRESS: 925 Balsam

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Carcinoma of Bladder
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 22, 1966, *to* Feb 9, 1967, *that I last saw the deceased alive on* Feb 9, 1967, *and that death occurred at* 7:45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 333
23b. ADDRESS: 1320 Vista Ave. Boise
23c. DATE SIGNED: Feb 13 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/11/1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 07 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 502
Local Reg. No. 135
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada MAR 9 1967 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give V.) Boise Bureau of Health
c. LENGTH OF STAY (in this place) 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380 b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland
d. STREET ADDRESS (If rural, give location) 614½ Penn Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Earnest b. (Middle) A. c. (Last) Mack

4. DATE OF DEATH (Month) Feb (Day) 10 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 7, 1889

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 24

10b. KIND OF BUSINESS OR INDUSTRY Sewing Machines

11. BIRTHPLACE (State or foreign country) Sedgewick Co. Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank McCormick BIRTHPLACE UNK

14. MOTHER'S MAIDEN NAME UNK BIRTHPLACE UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S ~~OWN~~ SIGNATURE Information by Telephone ADDRESS Deceased Deceased

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 6000 uremia — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) chronic pyelonephritis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. chronic pancreatitis — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 June, 1966 *to* 10 Feb, 1967, *that I last saw the deceased alive on* 10 Feb, 1967, *and that death occurred at* 1 45 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) I Kling M Attendy MD 014

23b. ADDRESS 401 Idaho Boise Idaho

23c. DATE SIGNED 3 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-13-67

24c. NAME OF CEMETERY OR CREMATORY Park View

24d. LOCATION (City, town, or county) New Plymouth (State) Idaho

DATE REC'D BY LOCAL REG. 3-7-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Dale McMurtrey LICENSE NO. E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 503
Local Reg. No. 99
Reg. Dist. No. 370

RECEIVED FEB 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 42 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1919 Harrison Boulevard 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 07
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1919 Harrison Boulevard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	FRANK	MARTIN	Feb. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 2, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney-in-Law	Same	Star, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas B. Martin	White Co., Arkansas	Mary Jane Morris	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW #1	519-44-4471	Vistas G. Martin	1919 Harrison Blvd Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 20 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1966, *to* Feb, 1967, *that I last saw the deceased alive on* Feb 9, 1967, *and that death occurred at* 5:40 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker MD	121 E. Idaho Boise	2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Myrtle Palmer	[signature]	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 26 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 10 2000

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 504
Local Reg. No. 121
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 010 Ada MAR 2 1967 000
b. CITY OR TOWN Meridian
c. LENGTH OF STAY (In this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION 725 Meridian St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location) 725 Meridian St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Irvin	Green	Feb. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 5, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ditch Rider D4	Irrigation District	Carthage City, Tenn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John H. Green	Texas	Melissa Brandon	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-07-0823	Mrs Eleanor J. Woodall	Portland, Ore.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 6 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Weakness & Decompensation
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysemia Adenoma Prostate

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-17, 1966, *to* 2-11-, 1967, *that I last saw the deceased alive on* 11-29, 1967, *and that death occurred at* 8:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl B. Smithson 484	Boise Idaho	2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-67	Colverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-28-67	Myrtle Palmer	Geo Jarrad	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 505
Local Reg. No. 19
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 52 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 137 Dortha Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mark	Lorn	HANNAH	2	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	3-8-32	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic. 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Newton F Hannah — BIRTHPLACE: Iowa.
14. MOTHER'S MAIDEN NAME: Elsie P Hixson. — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean. 7
16. SOCIAL SECURITY NO.: 563 40 6346
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2881 Lymphosarcoma- lymphocytic. — INTERVAL BETWEEN ONSET AND DEATH: 18 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I ~~hereby certify that I~~ attended the deceased from* 12-21, *19* 66, *to* 2-11, *19* 67, *~~that I last saw the deceased alive on~~ and that death occurred at* 1:10PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): M. G. STROMBERG, M.D. 591
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 14 67
24c. NAME OF CEMETERY OR CREMATORY: National Cemetery
24d. LOCATION (City, town, or county) (State): Portland, Oreg.

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] Gibson Funeral Home
LICENSE NO.: 400
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAR 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 6 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 21 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 506
Local Reg. No. 91
Reg. Dist. No. 270

BIRTH NO.

RECEIVED FEB 17 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2311 Compass Drive 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2311 Compass Drive

3. NAME OF DECEASED (Type or Print): a. (First) Ruby b. (Middle) Elizabeth c. (Last) Hammon

4. DATE OF DEATH: (Month) Feb. (Day) 11, (Year) 1967

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Aug. 5, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carl Junction, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Daniel Wise — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Louisa J. Sheets — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Helen Edwards — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* Feb 11, 1967, *that I last saw the deceased alive on* Feb 9, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ray Burup 054 (Degree or title) M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: 2-14-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Danial G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 507
Local Reg. No. 15
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 17 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise, Idaho
LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 160
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): Box 223

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph	S	KLEMCHICK	2	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	1-22-11	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Penn.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Sylvester Klemchick. BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Margaret Klemchick BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 166 16 5455
17. INFORMANT'S OWN SIGNATURE: John D Klemchick ADDRESS: VA Hospital Records, Boise, Idaho

4010

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute pericarditis	1 month
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Empyema	1 month
DUE TO (c)	Lung abscesses	1 month
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 2-10, 19 67 to 2-11, 19 67, and that death occurred at 4/20PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, M.D. 544	VA Center, Boise, Idaho	2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem&Burial	2/16/67	Willamitte Nat'l.	Portland, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	Myrtle Palmer	Leonard L Mann	E-143

FUNERAL HOME: MOUNTAIN VIEW FUNERAL HOME, BOISE

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 508
Local Reg. No. 16
Reg. Dist. No. 371

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6918 Ustick Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6918 Ustick Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Itha	Pearl	Gibson	Feb. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 8, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Roann, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel L. Cnstutt	Unknown	Selecta Mary Sunday	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no none		Mabel Gibson Lackey	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart Disease	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Aortic Stenosis	4 to 5 da.
DUE TO (c)	Congestive Heart Failure	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cerebral Vascular accident - old	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-4, 1964, *to* 2-11, 1967, *that I last saw the deceased alive on* 2-28, 1966, *and that death occurred at* 7 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carpenter 094	MD	311 - Idaho St	2-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-13-67	Hemingford Cemetery	Hemingford, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-17-67	Myrtle Palmer	John T. Wilkerson	E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 27 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 24 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 4 1969

JUL 16 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 509
Local Reg. No. 18
Reg. Dist. No. 371

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011 1-01

b. CITY OR TOWN: Boise, Idaho

LENGTH OF STAY (in this place): 342 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho. 011

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1426 So. Gourley Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanley	H.C.	NELSON.	2	12	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	10-30-14	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Nebraska.

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Peter Nelson. 21

BIRTHPLACE: Denmark.

14. MOTHER'S MAIDEN NAME: Mary Larsen.

BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes

(If yes, give war or dates of service): WW 11

16. SOCIAL SECURITY NO.: 508 05 10 55

17. INFORMANT'S OWN SIGNATURE: John D. Stark ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5277

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, etiology undetermined. — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cor pulmonale — 8 years

DUE TO (c) Pulmonary emphysema, obstructive — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 3-7, 1966, to 2-13, 1967, that I last saw the deceased alive on [illegible] and that death occurred at 1:25 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. 597 ROBERT C LEWIS, M.D.	VA Center, Boise, Idaho	2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-15-67	Terrace Lawn Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Myrtle Palmer	W. Dale McMahan	410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 20 1967

DUTIES;

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 28 1991

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 510
Local Reg. No. 139
Reg. Dist. No. 370

RECEIVED MAR 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2315 North 20th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elsie	Gerrard	Smith	Feb. 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Married 3	July 12, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Same	Taylorsville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Ephriam Gerrard	England	Blanche Hannah Cook	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	No	X Russell A. Kelly	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart disease with — 15 days
DUE TO (c) acute anterior infarction — ?
Generalized Arteriosclerosis — 15 days
Prostate Trouble — 21 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March, 1946, *to* Feb 12, 1967, *that I last saw the deceased alive on* Feb 11, 1967 *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. Condyle MD 421	Boise	3/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14 1967	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Myrtle Palmer		E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 511
Local Reg. No. 101
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: 011 Ada 3-10

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (In this place): 10 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Nevada 29

b. COUNTY: 555 Pershing

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lovelock

d. STREET ADDRESS (If rural, give location): P. O. Box 774

3. NAME OF DECEASED (Type or Print)

a. (First): ROBERT

b. (Middle): LEE 003

c. (Last): CHANDLER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1

8. DATE OF BIRTH: Sept. 3, 1885

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner-Prospector 07

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Dallas, Texas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 530-10-9628

17. INFORMANT'S OWN SIGNATURE: Hubert D. Martin — ADDRESS: 2805 Hill Road, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1967, *to* Feb 12, 1967, *that I last saw the deceased alive on* Feb 12, 1967, *and that death occurred at* 10:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE: Roscoe C Ward (Degree or title): 550 Mil

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-18-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-20-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 20 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 512
Local Reg. No. 110
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alph. Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 1008 So. Hayes

3. NAME OF DECEASED (Type or Print) a. (First) Bettyjo b. (Middle) Elaine c. (Last) Kimball

4. DATE OF DEATH (Month) (Day) (Year) Feb. 12, 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Jan. 16, 1927

9. AGE (In years last birthday) 40 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Halfway, Oregon

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Lincoln Maxfield | BIRTHPLACE Emmett, Idaho

14. MOTHER'S MAIDEN NAME Mary Harrison | BIRTHPLACE Joplin. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 28 5447

17. INFORMANT'S OWN SIGNATURE X Carl E. Kimball | ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2043

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-21-60, 19___, *to* 2-12-67, 19___, *that I last saw the deceased alive on* 2-12-67 19___, *and that death occurred at* 4:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Maurice M. Rudolph MD (Degree or title)

23b. ADDRESS 848 La Cassia Boise, Idaho

23c. DATE SIGNED 2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Feb. 15, 1967

24c. NAME OF CEMETERY OR CREMATORY Emmett

24d. LOCATION (City, town, or county) Emmett, Idaho (State)

DATE REC'D BY LOCAL REG. 2-23-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER Glenn W Beatty

LICENSE NO. E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED FEB 1 6 1967

Certificate of Death

STATE OF IDAHO

State File No. 513
Local Reg. No. 92
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus's 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2021 Broxon

3. NAME OF DECEASED (Type or Print): a. (First) Hugh; b. (Middle) NMI; c. (Last) Howie

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12, 1967

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 4, 1905

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoe Salesman 24

10b. KIND OF BUSINESS OR INDUSTRY: Shoes

11. BIRTHPLACE (State or foreign country): Glasgow, Scotland

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alexander Howie
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Mary Sheldon
BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 543-30-4419

17. INFORMANT'S OWN SIGNATURE: Gordon H Howie
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Probable

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) Immed.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:22 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 557

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 15, 1967

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 6 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 514
Local Reg. No. 100
Reg. Dist. No. 370

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 234 East State

3. NAME OF DECEASED (Type or Print)
a. (First): WAYNE
b. (Middle): F.
c. (Last): VICKERY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 18, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gunsmith 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Dwight, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fremont J. Vickery — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Nettie Johnson — BIRTHPLACE: Dixon, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-54-0795
17. INFORMANT'S OWN SIGNATURE: Mildred L. Vickery — ADDRESS: 234 East State Meridian, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 60 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary arteriosclerosis — yens
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Feb, 1967, *to* 13 Feb, 1967, *that I last saw the deceased alive on* 12 Feb, 1967, *and that death occurred at* 2:50 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Hugh Atteberry 014 MD
23b. ADDRESS: 401 Idaho Boise Idaho
23c. DATE SIGNED: 17 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-15-67
24c. NAME OF CEMETERY OR CREMATORY: Oak Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Dwight, Illinois

DATE REC'D BY LOCAL REG.: 2-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMartin — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended March 30, 1967

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 515
Local Reg. No. 127
Reg. Dist. No. 370

1. PLACE OF DEATH

a. COUNTY: Ada 011 3-03

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 3 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 3503 Alpine Street

3. NAME OF DECEASED (Type or Print)

a. (First): LYDIA

b. (Middle): WILMA 003

c. (Last): CHRISTIE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: April 12, 1906

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Laramie, Wyoming

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Zack Harnden, Laramie, Wyoming

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Grace (Unknown) Laramie, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE — ADDRESS: /s/ Richard H. Adkins — Lebanon, Oregon

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Breast Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Progressive

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-30-67, 19___, *to* 2-16-67, 19___, *that I last saw the deceased alive on* 1-3, 19___, *and that death occurred at* 7:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 318 M.D.

23b. ADDRESS: 401 N. Orchard, Boise, Ida

23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-21-67

24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-2-67

REGISTRAR'S SIGNATURE: /s/ Myrtle Palmer

25. EMBALMER: [signature] LICENSE NO.: E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 515
Local Reg. No. 127
Reg. Dist. No. 370

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 2 1967

1. PLACE OF DEATH
a. COUNTY: Bureau Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3503 Alpine Street

3. NAME OF DECEASED (Type or Print)
a. (First): LYDIA
b. (Middle): WILMA
c. (Last): CHRISTIE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: April 12, 1906
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Laramie, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Zack Harnden — BIRTHPLACE: Laramie, Wyoming
14. MOTHER'S MAIDEN NAME: Grace — BIRTHPLACE: Laramie Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Richard H. Hodkins — ADDRESS: Salmon, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Breast Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: progressive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-30, 1967, *to* 2-14, 1967, *that I last saw the deceased alive on* 1-3, 19__, *and that death occurred at* 7:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 401 N. Orchard Boise Ida
23c. DATE SIGNED: 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

...ector, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...mpletely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...n in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 516
Local Reg. No. 156
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Ada 011 MAR 20 1967 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If hospital or institution, give street address or location) St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1619 North 6th.

3. NAME OF DECEASED (Type or Print) a. (First) Katherine b. (Middle) L. c. (Last) La Gue

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 15, 1892
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Helena, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Latsch BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Rosenbaums BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Mary L. McKinney ADDRESS Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 715X Malnutrition — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Minor surgery to decubitus ulcers under local anesthesia, not related
DUE TO (c) to cause of death

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Also, chronic decubitus ulcers Schizophrenia

19a. DATE OF OPERATION 2-2-67
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27, 1967, *to* 2-14, 1967, *that I last saw the deceased alive on* 2-14, 1967, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] 076 M. D.
23b. ADDRESS 201 East Bannock Boise, Idaho 83702
23c. DATE SIGNED 3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-17-67
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-17-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Daniel G. Gibson LICENSE NO. E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

...ant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 517
Local Reg. No. 17
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Veterans Admin. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2024 S. Arcadia

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) C. 000 c. (Last) White
4. DATE OF DEATH (Month) (Day) (Year) Feb. 15, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 5, 1890
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Taylor, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John White BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Edith Freeguard BIRTHPLACE England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 519-01-6463
17. INFORMANT'S OWN SIGNATURE Bertie White ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY...DID NOT SEE ALIVE, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 9 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Ed Paris (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Dr., Boise, Ida.
23c. DATE SIGNED 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/18/67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 2-17-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkerson
LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: FEB 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 21 1967 Bureau of Vital

Certificate of Death

STATE OF IDAHO

State File No. 518
Local Reg. No. 95
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 502 Avenue I 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 502 Avenue I

3. NAME OF DECEASED (Type or Print)
a. (First) Freadricka (also known as Freda)
b. (Middle) T.
c. (Last) Bragg

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 17, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Hickman, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Q. Trompen — BIRTHPLACE: Friesland, Mich.
14. MOTHER'S MAIDEN NAME: Adrianna Jennie Huyser — BIRTHPLACE: Zeeland, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-40-1951
17. INFORMANT'S OWN SIGNATURE: C. H. Bragg — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — yrs —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1958, *to* 2-15, 1967, *that I last saw the deceased alive on* 2-9, 1967, *and that death occurred at* 6 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Forney 173 M.D.
23b. ADDRESS: 425 Bannock Boise
23c. DATE SIGNED: 2-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/19/67
24c. NAME OF CEMETERY OR CREMATORY: Willamette Nat'l. Cem.
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner

MAR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 519
Local Reg. No. 158
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-1034

RECEIVED MAR 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: 011 Ada 4-10	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Oregon 38 b. COUNTY: 555 Malhuer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise d. LENGTH OF STAY (in this place): 10 Hrs.	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arock, Oregon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First): Laura	b. (Middle): Ann	c. (Last): Elwood	4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1967
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Feb. 17, 1967	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.: 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child 02	10b. KIND OF BUSINESS OR INDUSTRY: None	11. BIRTHPLACE (State or foreign country): Boise, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Larry Elwood	BIRTHPLACE: Nampa, Idaho	14. MOTHER'S MAIDEN NAME: Charlotte Ann Christensen	BIRTHPLACE: Riverside Cal	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: Larry C. Elwood	ADDRESS	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7610

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Neonatal Hypoxia	1 d
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Difficult Breech Delivery	1 d
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1967 *to* 2-17, 1967 *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 519 MD	23b. ADDRESS: 200 E Bannock St Boise	23c. DATE SIGNED: 3-9-67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Feb. 18, 67	24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery	24d. LOCATION (City, town, or county) (State): Boise, Idaho
DATE REC'D BY LOCAL REG.: 3-20-67	REGISTRAR'S SIGNATURE: Myrtle Palmer	25. EMBALMER: [signature]	LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b67-1034

Certificate of Death

STATE OF IDAHO

State File No. 520
Local Reg. No. 118
Reg. Dist. No. 370

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 33 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3503 State St.

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): 292 McBride
c. (Last): Sanford

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 1, 1883
9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Grantsville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Heber K. McBride — BIRTHPLACE: Grantsville, utah
14. MOTHER'S MAIDEN NAME: Lillian McIntosh — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: X C M Sanford — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Heart Failure - Uncompensated — INTERVAL BETWEEN ONSET AND DEATH: 6 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4221

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/12/64, 19__, *to* 2/17/67, 19__, *that I last saw the deceased alive on* 2/17/67, 19__, *and that death occurred at* 4 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 516
23b. ADDRESS: 1703 Hill Road, Boise
23c. DATE SIGNED: 2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE.. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 521
Local Reg. No. 23
Reg. Dist. No. 371

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rifle Range South of Gowen Field

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5518 Kootenai

3. NAME OF DECEASED (Type or Print)
a. (First): Otis
b. (Middle): Sanford 000
c. (Last): Akins

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1967

5. SEX: Male
6. COLOR OR RACE: Cacu.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 9, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Centralia Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Victor Wm. Akins — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Laura Alice Fox — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 510-10-0352
17. INFORMANT'S OWN SIGNATURE: Margaret E. Akins — ADDRESS:

976X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Self Inflicted gun shot. — INTERVAL BETWEEN ONSET AND DEATH: Inst;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Illness, and despondence. — Months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 230P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title): Coroner 4
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 2-24-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RElyea MOrtuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

FEB 22 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho Law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 522
Local Reg. No. 125
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4724 Franklin Rd

3. NAME OF DECEASED (Type or Print)
a. (First): Rella
b. (Middle): Sorensen 000
c. (Last): Manwaring

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 30, 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Bear River City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Herbert Enoch Sorensen — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Alfreda Forsgren — BIRTHPLACE: No Record
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Leo R. Manwaring — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus. — year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* Feb. 17, 1967, *that I last saw the deceased alive on* February 1967, *and that death occurred at* 4:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Frazier (Degree or title) M.D.
23b. ADDRESS: 2010 N Cole Rd Boise, Idaho
23c. DATE SIGNED: 2.24.67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 4 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 523
Local Reg. No. 111
Reg. Dist. No. 370

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1602 Bannock St.

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): A.
c. (Last): Alexander

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov.8,1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Confectionary Store-Retail
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Greece, St.Basil's Peloponnesos
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander J. Alexander 22 BIRTHPLACE: -Greece
14. MOTHER'S MAIDEN NAME: Helen Chevrolate BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-22-4734
17. INFORMANT'S OWN SIGNATURE: Helen Alexander ADDRESS: 1602 Bannock Boise Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* Feb 17, 1967 *that I last saw the deceased alive on* Feb 17, 1967 *and that death occurred at* 7:15 pm., *from the causes and on the date stated above.*

23a. SIGNATURE: FB Jeppesen 259 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 2/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

MAR 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 20 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 524
Local Reg. No. 22
Reg. Dist. No. 371

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada. FEB 24 1967 3-18
b. CITY OR TOWN Boise, Idaho. (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
LENGTH OF STAY (in this place) 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho. COUNTY 143
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA.
d. STREET ADDRESS (If rural, give location) RT # 5

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Grover	A 004	WHITLOCK.	2	17	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	2-27-98	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Thomas J Whitlock — BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Francis E Hall. — BIRTHPLACE Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 519 12 3728
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema with cor pulmonale. — INTERVAL BETWEEN ONSET AND DEATH 12 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 1-30, 19 67 to 2-17, 1967, ~~that I last saw the deceased alive on~~ and that death occurred at 9:25 P~~M~~., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA Center, Boise, Idaho.	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 21. 1967	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-24-67	Myrtle Palmer	G. W. Waters [signature]	E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 525
Local Reg. No. 119
Reg. Dist. No. 370

RECEIVED
FEB 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 3701 Crescent Rim

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3701 Crescent Rim

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): George 000
c. (Last): Bolander

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 22, 1905
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Psycologist 14
10b. KIND OF BUSINESS OR INDUSTRY: Nampa State School
11. BIRTHPLACE (State or foreign country): Burke, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Bolander — BIRTHPLACE: "No Record"
14. MOTHER'S MAIDEN NAME: amaanda Nicholson — BIRTHPLACE: "NO Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-22-6430
17. INFORMANT'S OWN SIGNATURE: Mrs. Elaine R. Bolander — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary occlusion — 20 min
DUE TO (c) Arteriosclerotic heart disease — 10 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Essential hypertension — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* 18 Feb, 1967, *that I last saw the deceased alive on* 17 Feb, 1967, *and that death occurred at* 9:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clayton C. Morgan M.D. - 370
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 18 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-50

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 23 199

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED FEB 28 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 526
Local Reg. No. 107
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3128 Neff

3. NAME OF DECEASED (Type or Print): a. (First) Retta b. (Middle) V. c. (Last) Clemmens

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 23, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Spring Valley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Holley Vincen — BIRTHPLACE: Mexico City
14. MOTHER'S MAIDEN NAME: Margaret Hurt — BIRTHPLACE: West Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Holley (Jack) Clemmens — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Endometrium — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) = Pulmonary Invasion.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 64, 1964, *to* Feb 17, 1967, *that I last saw the deceased alive on* Feb 17, 1967, *and that death occurred at* 430 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mark D Jackmundsen (Degree or title) MD
23b. ADDRESS: Boise, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-1967
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH.

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Wineland

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 527
Local Reg. No. 140
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada — MAR 9 3-05 1967 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY in this institution 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 216 Washington St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mabel	Ruth	Wineland	Feb. 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 5, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Same	Middleton, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Adam Wm Moudy	"No Record"	Mary Martha Swanah Holford	"No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	No	* Ruth M Mansell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Failure — INTERVAL BETWEEN ONSET AND DEATH Progressive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 14, 1963, *to* 2-19, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
3-8-67 M.D.	701 N. Orchard Boise Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 24, 67	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Myrtle Palmer	Frank Lyea	E-460

FIRM NAME: RE: Lyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 528
Local Reg. No. 112
Reg. Dist. No. 370

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6211 Hill Road

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): EDNA 000
c. (Last): VIRGIL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 21, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John W. Clawson, BIRTHPLACE: Chester, N.Y.
14. MOTHER'S MAIDEN NAME: Sally T. Drake, BIRTHPLACE: Morristown, N. Jersey
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Frank J Virgil — ADDRESS: 6519 Saxton L.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute Coronary Occlusion — 1 Hour
DUE TO (c): Arteriosclerotic Heart Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 14, 1961, *to* Aug. 16, 1965, *that I last saw the deceased alive on* August 16, 1965, *and that death occurred at* 9:35a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Quickstad, 426 M.D. (Degree or title)
23b. ADDRESS: 6613 Ustick Rd, Boise, Idaho
23c. DATE SIGNED: 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 529
Local Reg. No. 20
Reg. Dist. No. 371

RECEIVED
FEB 28 1967
Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN: Boise, Idaho.
LENGTH OF STAY (in this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. 011
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 819 Belmont.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy	W	WILLIAMS	2	19	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	12-22-33	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher 12	Same	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hamer O Williams.	Ill	Rebecca Caldwell.	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean 17	519 34 9662	John D. Williams	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2018 Hodgkins' Disease — INTERVAL BETWEEN ONSET AND DEATH: 11 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 1-29, 19 67, to 2-19, 19 67, and that death occurred at 2:30PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. 597, M.D.	VA Center, Boise, Idaho.	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2-19-67		Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-23-67	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 530
Local Reg. No. 145
Reg. Dist. No. 370

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 15 1967 4-02
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF (If not in this place): 2 Hrs. x
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 505 1/2 Garden

3. NAME OF DECEASED (Type or Print)
a. (First): Eric
b. (Middle): Peter
c. (Last): Lind

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 26, 1947
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Service Station Att: 06
10b. KIND OF BUSINESS OR INDUSTRY: Gas Station
11. BIRTHPLACE (State or foreign country): Boise Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Farris Lind — BIRTHPLACE: Twin Fall!s Idaho
14. MOTHER'S MAIDEN NAME: Virginia Johns — BIRTHPLACE: Denver, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs. Eric P. Lind — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Closed Head Injury

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 04
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 19, 1967 4:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Car Accident

22. *I hereby certify that I attended the deceased from* 2-19, 1967, *to* 2-19, 1967, *that I last saw the deceased alive on* 2-19, 1967 *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Al H Lyndall 704 (Degree or title) M.D.
23b. ADDRESS: 401 Idaho St
23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 22 67
24c. NAME OF CEMETERY OR CREMATORY: Drycreek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl M Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 531
Local Reg. No. 108
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5211 Hill Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anne	Rebecca	Kelly	Feb. 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 25, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Dublin, Ireland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Farrell	Ireland	Unknown	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	No	Mrs Allegra B. Kelly	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 17, 19 67, *to* Feb 19, 19 67, *that I last saw the deceased alive on* Feb 19, 19 67, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 333	[illegible]	[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-21-67	Holy Cross	Colma, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-21-67	Myrtle Palmer	Daniel G. Gibson	E-400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 532
Local Reg. No. 97
Reg. Dist. No. 370

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6728 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) O. c. (Last) James

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Sept. 23, 1894
9. AGE (In years last birthday): 72 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mt. States Tel. & Tel.
10b. KIND OF BUSINESS OR INDUSTRY: Manager
11. BIRTHPLACE (State or foreign country): Hoxie, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George James
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Ella Borobumgh
BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 521-07-2016
17. INFORMANT'S OWN SIGNATURE: Chas. O. James
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/19, 1967, *to* ____, 19____, *that I last saw the deceased alive on* 2/19, 1967, *and that death occurred at* 1:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wallace A. Miller M.D.
23b. ADDRESS: 425 W Bannock, Boise, Ida.
23c. DATE SIGNED: 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-20-67
24c. NAME OF CEMETERY OR CREMATORY: Delta Cemetery
24d. LOCATION (City, town, or county) (State): Delta, Colorado

DATE REC'D BY LOCAL REG.: 2-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 20 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 10 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 533
Local Reg. No. 105
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DONALD
b. (Middle): CLARK
c. (Last): ADAMS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 17, 1883
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Partner 22
10b. KIND OF BUSINESS OR INDUSTRY: restaurant
11. BIRTHPLACE (State or foreign country): Auburn, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Martin Adams, Harrisburg, Penn.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Alice Cline Locust Grove, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 543-30-6114
17. INFORMANT'S OWN SIGNATURE: Edith B. Simmons — ADDRESS: 1820 N. 11th St. Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible] — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* Feb 19, 1967, *and that death occurred at* 6:20 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title) 333
23b. ADDRESS: [illegible] Boise Idaho
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-20-67
24c. NAME OF CEMETERY OR CREMATORY: Portland, Memorial
24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Brad E. Walker
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 534
Local Reg. No. 116
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada FEB 28 1967 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3527 Federal Way

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): MAY
c. (Last): Beckerson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 13, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank McGaw — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Ella Martin — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-48-1115
17. INFORMANT'S OWN SIGNATURE: Mrs. Wallace McDonald — ADDRESS: 3527 Federal Way, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 333
23b. ADDRESS: [illegible]
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 2/25/67
24c. NAME OF CEMETERY OR CREMATORY: Mt'n. View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Bernard L Mans — LICENSE NO. E-443

Federal Security Agency
United States Public Health Service
Form DH-63021
MOUNTAIN VIEW FUNERAL HOME, BOISE, IDA

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 7 1967

Certificate of Death

STATE OF IDAHO

State File No. 535
Local Reg. No. 133
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 4-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2710½ Wymer Street

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): DUNCAN
c. (Last): ROSS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 1, 1947
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Rebuilder 21
10b. KIND OF BUSINESS OR INDUSTRY: Paul Parks Auto Rebuild
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alan K. Ross — BIRTHPLACE: Omaha, Nebraska
14. MOTHER'S MAIDEN NAME: Marjorie Lillian Duncan — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-54-7765
17. INFORMANT'S OWN SIGNATURE: Alan K. Ross — ADDRESS: 2105 Irene St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. [illegible] 6-24 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/19, 1967, *to* 2/20, 1967, *that I last saw the deceased alive on* 2/20, 1967, *and that death occurred at* 4:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 333 (Degree or title) MD
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 3/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-22-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible] McMurtrey — LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 9 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 536
Local Reg. No. 106
Reg. Dist. No. 370

BIRTH NO. RECEIVED STATE OF IDAHO

FEB 24 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 1 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 503 Victoria Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Grace b. (Middle) c. (Last) Barningham

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 1, 1882
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Manitoba, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Sabin BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Smith BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wilber S. Barningham ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — ?

DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Arteriosclerosis — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/13, 1966 *to* 2/20, 1967, *that I last saw the deceased alive on* 2/20, 1967 *and that death occurred at* 4:25 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 4-21
23b. ADDRESS: Boise
23c. DATE SIGNED: 2/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 2-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters [signature]
LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 537
Local Reg. No. 122
Reg. Dist. No. 370

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY (11) Ada — MAR 2 1967 — 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise — LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010 — b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALLACE	ROSS	McDOWELL	Feb. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 22, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cattleman-Miner 04	Livestock-mining	Malheur Co., Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. McDowell	Illinois	Lena Aryes,	New Brunswick, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-226862	W. R. McDowell	Culdesac, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4657X PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: 6 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — 5 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-2-65, 19___, *to* 2-23-67, 19___, *that I last saw the deceased alive on* 2-23-67, 19___, *and that death occurred at* 6:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Ruddell MD	848 La Cassia Boise, Idaho	2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-24-67	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-28-67	Myrtle Palmer	[illegible]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 538
Local Reg. No. 123
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAR 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 9 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): #16 South Orchard

3. NAME OF DECEASED (Type or Print)

a. (First): Ida

b. (Middle): Irene

c. (Last): Markham Baer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed

8. DATE OF BIRTH: Sept. 11, 1878

9. AGE (In years last birthday): 88

IF UNDER 1 YEAR: Months / Days

IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Clearlake, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Russell Asa Markham

BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Cora May Benson

BIRTHPLACE: "No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Russell M. Baer

ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan, 1961, *to* Feb 21, 1967, *that I last saw the deceased alive on* Feb 21, 1967, *and that death occurred at* 10:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 333

23b. ADDRESS: 1320 Vista Ave Boise Idaho

23c. DATE SIGNED: Feb 28 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 24, 67

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Everett, Washington

DATE REC'D BY LOCAL REG.: 3-1-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Frank L. Relyea

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

DUTIES:

MAR 1 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 539
Local Reg. No. 24
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 22 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): RT # 1.

3. NAME OF DECEASED (Type or Print)
a. (First): Dale
b. (Middle): L
c. (Last): UDY.

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2-5-95.
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher. 04
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Idaho.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Joseph Udy. BIRTHPLACE: Utah.
14. MOTHER'S MAIDEN NAME: Anetta Smith. BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 519 28 05 77
17. INFORMANT'S OWN SIGNATURE John D. Stark ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3-4 months
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Ureteral stenosis, bilateral.	3-4 months
DUE TO (c)	Carcinoma of prostate with metastases	10 years.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Anemia, secondary to uremia.	2-3 months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 1-30, 19 67, to 2-21, 19 67, ~~that I last saw the deceased alive on XXXXXXXXXXXXXXXX, 19XXX~~ and that death occurred at 11:10 AM, from the causes and on the date stated above.

23a. SIGNATURE Robert C. Lewis, M.D. (Degree or title): ROBERT C. LEWIS, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-21-67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2-28-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A. Dale McMurtney
LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 540
Local Reg. No. 21
Reg. Dist. No. 371

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada 011 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Seaman's Gulch 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 5831 Flamingo Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amalia		Smith	Feb. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 18, 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Walla Walla, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Kindsfather	Russia	Ann Elizabeth Rutz	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	540-07-5660	X	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 C. Morris	Coroner	3720 Meadow Dr., Boise, Ida.	2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/24/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-24-67	Myrtle Palmer	Earl Waggoner	E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 1967

MAY 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-1863

BIRTH NO.

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 541
Local Reg. No. 113
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 148 E. Bergeson St.

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): Keith 002
c. (Last): Detmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Feb. 21, 1967
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 11 Min. 31

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Lester Detmer — BIRTHPLACE: Lyons, Kans.
14. MOTHER'S MAIDEN NAME: Sandra Tetrult — BIRTHPLACE: Hailey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Lester Detmer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7700

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 13

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/21
19b. MAJOR FINDINGS OF OPERATION: Exchange Transfusion - high venous pressure
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/21, 1967, *to* 2/22, 1967, *that I last saw the deceased alive on* 2/22, 1967, *and that death occurred at* 4:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stephen Myers III MD 382
23b. ADDRESS: 200 E. Bannock St. Boise
23c. DATE SIGNED: 2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/24/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-[illegible]-1863

State File No. 542
Local Reg. No. 126
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAR 2 1967
Bureau of Vital Stat

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): R# 1

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): J.
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): February 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 26, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Ray County, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Brown — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary E. Jones — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-0495
17. INFORMANT'S OWN SIGNATURE: Margaret L Brown — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arterio Sclerotic Ht. Dis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19___, *to* _____, 19___, *that I last saw the deceased alive on* never, 19___, *and that death occurred at* 6:00P, *m., from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker, MD 019 (Degree or title)
23b. ADDRESS: 121 E. Idaho Boise, Ida
23c. DATE SIGNED: 2-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: Feb.27,1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise Ada Co. Idaho

DATE REC'D BY LOCAL REG.: 3-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: William R. Price, Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Asip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 4 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 543
Local Reg. No. 115
Reg. Dist. No. 370

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 87 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Star
d. STREET ADDRESS (If rural, give location): Box 87

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Bell	Johnston	Feb. 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Feb. 23, 1917	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Hill City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charley Lacey Mouser	Kansas	Rosie Bell Peterson	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-4432	Rosie Johnston	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Abdominal carcinoma with metasteses
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY..DID NOT SEE ALIVE *, 19—, to —, 19—, that I last saw the deceased alive on —, 19—, and that death occurred at 4:15 P.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	3720 Meadow Dr., Boise, Ida.	2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/25/67	Star Cemetery	Star, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-24-67	Myrtle Palmer	John F Wilkerson	E-435

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 28 1968

NOV 8 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 544
Local Reg. No. 114
Reg. Dist. No. 370

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At home. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 413 Franklin Park Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Charlotte
b. (Middle): Barbra
c. (Last): Hendryx

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 15, 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Newbridge, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Adams — BIRTHPLACE: Trenton, Missouri
14. MOTHER'S MAIDEN NAME: Grace R. Getman — BIRTHPLACE: Georgiana, Florida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: James W. Hendryx — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

345X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple sclerosis — INTERVAL BETWEEN ONSET AND DEATH: Since 1939

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-15-60, 19__, *to* _____, 19__, *that I last saw the deceased alive on* 2-23-67, 19__, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Maurice M. Rubbaldo 071 (Degree or title)
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/27/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson — LICENSE NO. E435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 545
Local Reg. No. 26
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 441
b. COUNTY WASHINGTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WEISER
d. STREET ADDRESS (If rural, give location) 302 East Commercial

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLARENCE	NEWTON	TODD	Feb. 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower 2	1-21-95	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	King Hill, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
1Thomas Todd	Tennessee	Mary Tefenteller	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	559 36 3610	VA Records John D Stark	VAC, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

0022

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary fibrosis and emphysema — INTERVAL BETWEEN ONSET AND DEATH: 1 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary tuberculosis, inactive — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA. m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. ~~I hereby certify that I~~ attended the deceased from 2/23/67, 19__, to 2/23/67, 19__, ~~that I last saw the deceased~~ ~~on~~ ~~19__~~, and that death occurred at 11:35P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, MD 544	VA CENTER, BOISE, IDAHO	2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2-24-67		Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-3-67	Myrtle Palmer	Dale McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 546
Local Reg. No. 129
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY Ada 011 MAR 3 1967 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau
c. LENGTH OF STAY (in this place) 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas 17 555
b. COUNTY Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 5708 Rockhill Road

3. NAME OF DECEASED (Type or Print)
a. (First) ELLA
b. (Middle) D.
c. (Last) ROWE

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 20, 1889
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Doyle — BIRTHPLACE Dublin, Ireland
14. MOTHER'S MAIDEN NAME Mary Kavanah — BIRTHPLACE Dublin, Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S OWN SIGNATURE Aileen Bellier — ADDRESS Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Renal infarctions — "
DUE TO (c) Rheumatic heart disease + arrhythmia — yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* heart failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1967, *to* 2-23, 1967, *that I last saw the deceased alive on* 2-23, 1967, *and that death occurred at* 6P *m., from the causes and on the date stated above.*

23a. SIGNATURE W. D. Forney 173 (Degree or title) MD
23b. ADDRESS 425 Bannock St
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Feb. 25, 1967
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) Kansas City (State) Missouri

DATE REC'D BY LOCAL REG. 3-3-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Lowell D. Demaray — LICENSE NO. 509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 3 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Blackburn
1320 [illegible] Ave

RECEIVED
MAR 2 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 547
Local Reg. No. 128
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1711 North 14th.

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Steven
c. (Last): Parry

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 21, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U. P. Railroad 10
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Astoria, Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Steven Parry — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Annabell Anderson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-7181
17. INFORMANT'S OWN SIGNATURE: Stephen E. Parry — ADDRESS: Glenn Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5870 ~~Rupture~~ ~~[illegible]~~ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute hemorrhagic pancreatitis 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: appendectomy 27, 67.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1962, *to* death, 19__, *that I last saw the deceased alive on* 24 Feb, 1967, *and that death occurred at* 11.00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Blackburn 046 (Degree or title) MP
23b. ADDRESS: 1320 Vista Boise, Ida.
23c. DATE SIGNED: 2 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-27-67
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: 3-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 548
Local Reg. No. 124
Reg. Dist. No. 370

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAR 2 1967 3-14
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Home Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4719 Victory

3. NAME OF DECEASED (Type or Print)
a. (First): Laura
b. (Middle): Angeline
c. (Last): Moody

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 20, 1871
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Lyons, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Robert McKinnis — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Elizabeth Collins — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Mabel Lockwood — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) generalized arteriosclerosis & HT dis — INTERVAL BETWEEN ONSET AND DEATH: Seal yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) SD bleeding — Seal days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 1967, 19__, *that I last saw the deceased alive on* Oct Jan? 67, *and that death occurred at* 330 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 065
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-1-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 549
Local Reg. No. 152
Reg. Dist. No. 370

BIRTH NO. 67-1055

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 45 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1605 Bellview

3. NAME OF DECEASED (Type or Print): a. (First) Baby Boy; b. (Middle); c. (Last) MOORE

4. DATE OF DEATH: (Month) Feb. (Day) 25 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1

8. DATE OF BIRTH: Feb. 25, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Never Worked 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jerry A. Moore — BIRTHPLACE: Thomas, Oklahoma

14. MOTHER'S MAIDEN NAME: Cindy Joy Brady — BIRTHPLACE: Margaretville, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Jerry A. Moore — ADDRESS: 1605 Bellview Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 7593 Congenital deformity - ruptured omphalocele at birth = bowel deficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Pneumothorax

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/25, 1967, *to* 2/25, 1967, *that I last saw the deceased alive on* 2/25, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David M. Barton M.D. 648

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Donald L. Summers — LICENSE NO. 509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-1055

State File No. 550
Local Reg. No. 32
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada. 011 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 182 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 323, 17th Ave So.

3. NAME OF DECEASED (Type or Print)
a. (First): Jack
b. (Middle): T
c. (Last): ANDERSON

4. DATE OF DEATH (Month) 2 (Day) 25 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 4-20-07
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator 11
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Ill
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andro Anderson. BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Agnes Work. BIRTHPLACE: Norway.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 11 4
16. SOCIAL SECURITY NO.: 540 16 9669
17. INFORMANT'S OWN SIGNATURE: John D Starks ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder with metastases to liver and retro peritoneal lymph nodes. — INTERVAL BETWEEN ONSET AND DEATH: 1+ yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Abscess of right lung, upper lobe — 7-10days
DUE TO (c) Malnutrition, progressive — 4-5 mo.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1-13-67
19b. MAJOR FINDINGS OF OPERATION: Intestinal obstruction
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ *attended the deceased from* 9-27, 19 66, *to* 2-25, 1967, ~~[illegible]~~ *and that death occurred at* 12:40PM *from the causes and on the date stated above.*

23a. SIGNATURE: W. G. Crookston (Degree or title) 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-28-67
24c. NAME OF CEMETERY OR CREMATORY: KOHLERLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: 3-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 551
Local Reg. No. 27
Reg. Dist. No. 371

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada. 011 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus.
d. STREET ADDRESS (If rural, give location): General Delivery.

3. NAME OF DECEASED (Type or Print): a. (First) Lawrence b. (Middle) N 004 c. (Last) MCKAY.

4. DATE OF DEATH: (Month) (Day) (Year): 2-25-67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 3-17-87

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Gardener 00

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter McKay. BIRTHPLACE: Iowa.

14. MOTHER'S MAIDEN NAME: Louise Richey. BIRTHPLACE: Indiana.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 517 28 8098

17. INFORMANT'S OWN SIGNATURE: John D. Stock ADDRESS: VA Hosptal Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cellulitis with carbuncle formation left buttocks. — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic brain syndrome with residuals of right hemiplegia. — Unk.
DUE TO (c) Diabetes mellitus — Unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

260X

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): VA m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

I ~~hereby certify that I~~ attended the deceased from 2-16- , 19 67, to 2-25 , 19 67, ~~that I last saw the deceased~~ and that death occurred at 11PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. G. CROOKSTON, MD. 597 | **23b. ADDRESS**: VA Center, Boise, Idaho | **23c. DATE SIGNED**: 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | **24b. DATE**: 3/4/67 | **24c. NAME OF CEMETERY OR CREMATORY**: ---------- | **24d. LOCATION** (City, town, or county) (State): Winter Haven, Florida

DATE REC'D BY LOCAL REG.: 3-3-67 | REGISTRAR'S SIGNATURE: Myrtle Palmer | **25. EMBALMER**: John T. Wilkerson | LICENSE NO.: E-433

FIRM NAME: McBRATNEY-ALDEN-WAGGONER CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

...ueral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...ed as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ...ewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 552
Local Reg. No. 25
Reg. Dist. No. 371

BIRTH NO. RECEIVED

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 — MAR 1 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V. A. Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2504 South Stanley

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Virgil	Harold	McDonnell	Feb. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 21, 1916	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Military service	05 Salesman	Rolette, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leon McDonnell	Iowa	Maude Sturtz	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII Korean	480-01-8867	X Gertrude D. McDonnell	Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe pains in upper region of the heart.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 930P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Coroner	3720 Meadow Drive, Boise.	3-I-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-1-67	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-1-67	Myrtle Holmes	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 553
Local Reg. No. 130
Reg. Dist. No. 370

BIRTH NO. 67-674

RECEIVED
MAR 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. St. Alphonsus Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 241
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 714 Lorien

3. NAME OF DECEASED (Type or Print)
a. (First) Lisa
b. (Middle) Dawn 000
c. (Last) Glaisyer

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Jan. 20, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02
10b. KIND OF BUSINESS OR INDUSTRY ----------
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert D. Glaisyer
BIRTHPLACE Boise, Idaho
14. MOTHER'S MAIDEN NAME Patricia A. Bowles
BIRTHPLACE St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Robert D. Glaisyer ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure
INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple congenital defects
INTERVAL BETWEEN ONSET AND DEATH: since Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 19 67, *to* Dead on arrival, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Form 173 (Degree or title) MD
23b. ADDRESS 425 Bannock St
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/28/67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-3-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkerson
LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 9 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 554
Local Reg. No. 136
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 105 N. 11th St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 105 N. 11th. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Jack	Allen	Feb. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	O	July 15, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Upholsterer 21	Furniture	Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William G. Allen	Unknown	Unknwon	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		560-12-7615-A	From our Record Ed. S. Wright	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Had been in County Hospital, & St Als; Hospital for Operation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Complication of diseases. — Months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19, *that I last saw the deceased alive on* , *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Paris 583	Coroner	3720 Meadow Drive, Boise,	3-7-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	3/3/67	Cloverdale Memorial Park	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-7-67	Myrtle Palmer	G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 555
Local Reg. No. 122
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 MAR 8 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Bureau of Vits)
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 014
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
d. STREET ADDRESS (If rural, give location): 2014 Harrison

3. NAME OF DECEASED (Type or Print): a. (First) Benjamin b. (Middle) T. c. (Last) Hershey

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 17, 1911

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Journalist 21

10b. KIND OF BUSINESS OR INDUSTRY: Newspaper

11. BIRTHPLACE (State or foreign country): St. Paul Minn.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: C. J. Hershey — BIRTHPLACE: Morristown, Minnesota

14. MOTHER'S MAIDEN NAME: Mary Tillotson — BIRTHPLACE: Tacoma, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 522-10-1465

17. INFORMANT'S OWN SIGNATURE: Mrs Ben Hershey — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erosion of Carotid artery — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Carcinoma of throat — 18 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1966, *to* Feb 27, 1967, *that I last saw the deceased alive on* Feb 22, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: George K Boleyn MD (Degree or title)
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 3-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Mar. 1, 67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 556
Local Reg. No. 137
Reg. Dist. No. 270

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 011 — MAR 9 1967 3-15 — Bureau of Vital Statistics

b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of city or town nearest this place): Boise

c. LENGTH OF STAY (In this place): 3 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 011 — b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 2417 Ellis Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Richard — b. (Middle) — c. (Last) Richardson

4. DATE OF DEATH: (Month) Feb. (Day) 27 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: July 23, 1883

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Manager - retired

10b. KIND OF BUSINESS OR INDUSTRY: Iron Foundry

11. BIRTHPLACE (State or foreign country): Denver, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Richardson 22 — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Hannah Douglas — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-56-7077

17. INFORMANT'S OWN SIGNATURE: V Ploomie Richardson — ADDRESS: 2417 Ellis Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: several yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary emphysema — 20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2, 1949, *to* 2-27, 1967, *that I last saw the deceased alive on* 2-27, 1967, *and that death occurred at* 8:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner (Degree or title) MD

23b. ADDRESS: 105 N. 8th St. Boise, Idaho

23c. DATE SIGNED: 3/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 3-2-67

24c. NAME OF CEMETERY OR CREMATORY: Mtn View Mausoleum

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Lowell Summers — LICENSE NO.: 509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Baker

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 557
Local Reg. No. 138
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 MAR 9 1967 3-15
b. CITY OR TOWN: Boise (Bureau of Vital Statistics)
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1010 North 8th.

3. NAME OF DECEASED (Type or Print): a. (First) Felix b. (Middle) ------ c. (Last) Uriarte

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 29, 1895
9. AGE (In years last birthday): 71 IF UNDER 1 YEAR Months / Days IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep Business 04
10b. KIND OF BUSINESS OR INDUSTRY: Sheep
11. BIRTHPLACE (State or foreign country): Maneria Vizcaya, Spain
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Baldamero Uriarte BIRTHPLACE: Spain
14. MOTHER'S MAIDEN NAME: Baldamera Orturvesta BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Mane Uriarte ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1562 Metastatic Carcinoma liver — INTERVAL BETWEEN ONSET AND DEATH: 3½ months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-7, 1967, *to* 2-28, 1967, *that I last saw the deceased alive on* 2-28, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker (Degree or title) MD
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 558
Local Reg. No. 29
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
MAR 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY IN THIS PLACE: 33 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise,
d. STREET ADDRESS (If rural, give location): 1411 Nth 8th Street.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Leland	J	STANSBURY.	2	28	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	7-13-03	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cab Driver.
10b. KIND OF BUSINESS OR INDUSTRY: 27 Same
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: James K Stansbury — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Addie Butler. — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 478 18 3823
17. INFORMANT'S OWN SIGNATURE: John E Stansbury ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral infarction, right side	1 month
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Thrombosis, right internal carotid artery.	1 month
DUE TO (c)	Arteriosclerosis	Unknown
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-26, 19 67 to 2-28, 19 67, that I last saw the deceased on the date stated above, and that death occurred at 6:55AM m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis, M.D. (Degree or title) ROBERT C LEWIS, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/3/67	Syringa Gardens	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-3-67	Myrtle Palmer	John T Wilkerson	E435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBRATNEY-ALDEN-WAGGONER CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

MAR 13 1967

MAY 21 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to certify the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Ammended March 16, 1967

Certificate of Death

STATE OF IDAHO

State File No. 559
Local Reg. No. 28
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 81 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 143
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 127 - 10th Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) H.; c. (Last) Goin

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 4
8. DATE OF BIRTH: June 16, 1921
9. AGE (In years last birthday): 45 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sugar Factory Work 06
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Everett S. Goin — BIRTHPLACE: Oklahoma
14. MOTHER'S MAIDEN NAME: Gladys Callaway — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 518-18-3696
17. INFORMANT'S OWN SIGNATURE: John D. Stork ADDRESS: VA Hospital Records, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Huntington's Chorea — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 12-9, 19 66, to 2-28, 19 67, that I last saw the deceased alive, and that death occurred at 10:40A m., from the causes and on the date stated above.

23a. SIGNATURE: Glenn Q. Voyles, M.D. 544 (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 3-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 3-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Don W. Snigini
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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3-13-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED MAR 15 1967 Bureau of Vital Statistics

State of ..... } ss.
County of .....

Certificate No. .....

Date Filed Mar. 7, 1967

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for James H. Goin (Name on Original Certificate) who died (Was Born or Died) on Feb. 28, 1967 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 24c name of Cemetery	Kohlerlawn	Hillcrest

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

Signed William R. Wise, Jr.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

404 - 10th Ave. So. Nampa, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Canyon

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 15 day of March, 1967

Notary Public, residing at Notary Public residing at Nampa, Idaho. My commission expires June 15, 1969

My commission expires .....

(Seal)

Signed [signature]
(Signature of Any Credible Person)

404 10th Ave. So. Nampa
(Street Address, City, State)

FORM DH 60-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 28
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 81 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa.
d. STREET ADDRESS (If rural, give location): 127, 10th Ave North.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) H c. (Last) GOIN.

4. DATE OF DEATH: (Month) 2 (Day) 28 (Year) 67.

5. SEX: Male
6. COLOR OR RACE: White.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated
8. DATE OF BIRTH: 6-16-21
9. AGE (In years last birthday): 45 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sugar Factory Work.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Idaho. n
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Everett S Goin. BIRTHPLACE: Okla.
14. MOTHER'S MAIDEN NAME: Gladys Callaway BIRTHPLACE: Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 518 18 3696.
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Huntington's chorea — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. I last attended the deceased from 12-9, 1966, to 2-28, 1967, and that death occurred at 10:40AM., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title): GLENN Q VOYLES, M.D.
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 3-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/67
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: 3-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO.: E-476
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 560
Local Reg. No. 1
Reg. Dist. No. 300

RECEIVED FEB 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 020 Adams 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Janie	E. 017	Weed	2	3	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	widowed 2	12/15/1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Waverly, Tenn.	USA

13. FATHER'S NAME BIRTHPLACE	14. MOTHER'S MAIDEN NAME BIRTHPLACE
Edward Scholes	Mary Ann

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
no		Louis D. Tucker Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4341

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ~~10-19-66~~, *19*___, *to* 2-3-67, *19*___, *that I last saw the deceased alive on* 2-3-67, *19*___, *and that death occurred at* 4:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde N. Johnson 614 M.D.	Council, Idaho	2/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2/6/67	I.C.C.F.	Council, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67		Marshall S. Dickerson Jr.	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 561
Local Reg. No. 2
Reg. Dist. No. 300

RECEIVED MAR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 001 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho 440
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Midvale
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	GOLDIE	M. 017	SANDERS		2	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 10, 1891	75	7	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Oronogo, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Harry	--------	Mary Storms	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		X Mrs. John L. Baker	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5277 Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-13-67, 19___, *to* 2-20-67, 19___, *that I last saw the deceased alive on* 2-20-67, 19___, *and that death occurred at* 5:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
154	Council, Idaho	2/20/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	2/23-67	Joplin Cemetery	Joplin, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/20/1967		[illegible] Swanson	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 562
Local Reg. No. 3
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 — MAR 1 31967 — 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley Rural
c. LENGTH OF STAY (in this place): 20 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020
b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Indian Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	T.	DAVIS	2	23	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	March 4, 1892	74	10	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Forestry 08	Government	Monett, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Davis	---	Ada Lewis	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	518-24-7453	Mrs Margaret Davies	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarcation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) History of some prior heart condition
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Over-exertion--age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Burkholder Sheriff Pros. Atty	Council, Idaho	2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/27/1967	Indian Valley Cemetery	Indian Valley Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67		T. Dan Thomason	E-388

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 563
Local Reg. No. 48
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If outside place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 312 West Oak

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): F.
c. (Last): STEDTFELD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 7, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restaurant owner
10b. KIND OF BUSINESS OR INDUSTRY: and operator
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fredrick Henry Stedtfeld, Indiana
22 BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Pauline
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Judy Stedtfeld
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

594X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia due to gouty nephritis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* 3 Feb, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* 10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 113 [signature] MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.6,1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: FEB 9 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information. FEB 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-184

BIRTH NO.

RECEIVED FEB 20 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 564
Local Reg. No. 52
Reg. Dist. No. 510

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 939 North Lincoln, Apt. #5

3. NAME OF DECEASED (Type or Print)
a. (First): CHAD
b. (Middle): C. 018
c. (Last): RAWLINGS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Jan. 30, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 4; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: xxxx
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Craig M. Rawlings
BIRTHPLACE: Preston, Ida.
14. MOTHER'S MAIDEN NAME: Vicki Peck
BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S OWN SIGNATURE: Craig Rawlings
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 30, 1966, *to* Feb, 193, *that I last saw the deceased alive on* Feb 3, 1966, *and that death occurred at* 4:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Bryden MD 067
23b. ADDRESS: 527 S. 12th
23c. DATE SIGNED: 2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Fairview, Franklin, Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE: Maureen Schelske
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 565
Local Reg. No. 44
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED FEB 9 1967 Bureau of Vital Statistics 3-15

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hosp. 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 255 No. 14th Ave.

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) c. (Last) HATHCOX

4. DATE OF DEATH (Month) Feb. (Day) 3 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 26, 1890
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Austin, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frederick Lingnau BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Elisa (Unk) BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Vera Hathcox ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 410X R Ventricular Heart Abnormality Mitral insufficiency Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Arteriosclerosis — yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* 2-3-, 1967, *that I last saw the deceased alive on* 2-3-67, 19__, *and that death occurred at* 1P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS Pocatello - Idaho
23c. DATE SIGNED 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Feb 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cem.
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 2-7-67
REGISTRAR'S SIGNATURE Mary Kellogg
25. FUNERAL DIRECTOR George W Knox
ADDRESS 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 566
Local Reg. No. 47
Reg. Dist. No. 5-10

BIRTH NO. 67-1073

RECEIVED FEB 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): SHANE 018
c. (Last): HORSCH

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: Feb. 3, 1967

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 0 — IF UNDER 24 HRS.: Hours 1, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Kenneth Horsch — BIRTHPLACE: Am. Falls, Idaho

14. MOTHER'S MAIDEN NAME: Marilyn Leisy — BIRTHPLACE: Am. Falls, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Kenneth R. Horsch — ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Complications of prematurity & ? Infant of diabetic mother ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 3, 1967, *to* Feb 3, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* 6:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth W. Fox MD

23b. ADDRESS: 527 S. 12 Pocatello

23c. DATE SIGNED: 2/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial

24b. DATE: 2-6-67

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: FEB 13 1967

REGISTRAR'S SIGNATURE: Lucy Kellogg

25. EMBALMER: H. L. Davis — LICENSE NO.: E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-1073

Certificate of Death

STATE OF IDAHO

State File No. 567
Local Reg. No. 49
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED FEB 16 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Bannock 03 1-01
b. CITY OR TOWN: Pocatello
LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN: Burley
d. STREET ADDRESS (If rural, give location): 1251 Burton Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mazie	Rebecca	Cole	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed 2	June 16, 1910	56	7	21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert S. Dickinson,	Virginia	Malinda Quillin,	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Virginia Hansen
ADDRESS: 1558 Malta Ave. Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Multiple sclerosis	5 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Severe bed sore	6 months

343X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, to Feb 6, 1967, *that I last saw the deceased alive on* 6 Feb, 1967, *and that death occurred at* 2:10 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 113 MD	Pocatello Idaho	Feb 7 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb. 9, 1967	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
FEB [illegible]	[signature]	Ormand H Burch	E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 568
Local Reg. No. 50
Reg. Dist. No. 510

RECEIVED FEB 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 5 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 404 So. 11th

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHY
b. (Middle): K
c. (Last): HEALY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 24, 1905
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Public Schools
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: H.H. King — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Annie Lowrie — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-2071
17. INFORMANT'S OWN SIGNATURE: W. Lyon Healy Pocatello — ADDRESS: Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

431X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocarditis, myocardial — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): heart disease with cardiac failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: acute Bronchopneumonia — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 2-9-67, 19__, *that I last saw the deceased alive on* 2-9-, 1967, *and that death occurred at* 4.45 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David C. Miller, MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 11, '67
24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR: George W Knott — ADDRESS: 409 Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

DEC 21 1973

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 569
Local Reg. No. 57
Reg. Dist. No. 510

Certificate of Death

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 157 South Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): 018
c. (Last): VANAUSDOL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 24, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Matron -- Boise
10b. KIND OF BUSINESS OR INDUSTRY: Children's Home
11. BIRTHPLACE (State or foreign country): Odessa, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Zachariah Davidson 30
BIRTHPLACE: U.S.A.
14. MOTHER'S MAIDEN NAME: Martha Mansell
BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Jacob E. Sit
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965, *to* Feb 10, 1967, *that I last saw the deceased alive on* Feb 16, 1967, *and that death occurred at* 7 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 113 R G Grandall MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 2-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.13,1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 2-17-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 570
Local Reg. No. 63
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED 031 MAR 3 1967 000 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 3330 South Yellowstone

3. NAME OF DECEASED (Type or Print)
a. (First): ALTA
b. (Middle): MAY 018
c. (Last): CRANNEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 29, 1946

9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gilbert Frank Barnett
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Nellie Celia Branson
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: 4013

17. INFORMANT'S OWN SIGNATURE: Wesley D. Cranney
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Pancarditis — 1 week
DUE TO (c) Pathologic Obesity — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/4/ *1967, to* 2/10/ *1967, that I last saw the deceased alive on* 2/10/ *1967, and that death occurred at* 7:20 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George J. Cox MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 2-28-67
REGISTRAR'S SIGNATURE: Mary Kemp
25. EMBALMER: Conway Shent
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 571
Local Reg. No. 56
Reg. Dist. No. 511

BIRTH NO.

FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	MERLIN	RICHARDSON	Feb. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 21, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 21		Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Richardson	Utah	Fanny Francis	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No xxx	519 16 4007	Merle D. Richardson	Inkom, Ida

4291

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute coronary artery occlusion	2 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	8 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 26, 1966, *to* Feb. 10, 1967, *that I last saw the deceased alive on* July 6, 1966, *and that death occurred at* 4:05a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Pocatello, Idaho	14 Feb. 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 13, 1967	Inkom Cemetery	Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-17-67	Maureen Schelske, Deputy	[signature]	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 572
Local Reg. No. 58
Reg. Dist. No. 510

Certificate of Death

BIRTH NO. 67-1092

RECEIVED

STATE OF IDAHO

FEB 28 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Bannock 031

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 031

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 1439 North Harrison

3. NAME OF DECEASED (Type or Print)

a. (First): MECHI

b. (Middle): SUSAN 018

c. (Last): SAKURADA

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Feb. 10, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 15 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: xxxx

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Shig Sakurada — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Lyda Lee Cox — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX

16. SOCIAL SECURITY NO.: XXXXX

17. INFORMANT'S OWN SIGNATURE: Shig Sakurada — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7610

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Neonatal asphyxia — INTERVAL BETWEEN ONSET AND DEATH: ~~Death~~ 15 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Abruptia Placentae — 15 hours

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1967, *to* Feb 11, 1967, *that I last saw the deceased alive on* Feb 11, 1967, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D B Roberts 737 N.D.

23b. ADDRESS: 527 So 12th Pocatello

23c. DATE SIGNED: 16 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb.14,1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 2-20-67

REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy

25. EMBALMER: Conway Grant — LICENSE NO. E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-1092

State File No. 573
Local Reg. No. 53
Reg. Dist. No. 510

Certificate of Death

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 310 E. Center St.

3. NAME OF DECEASED (Type or Print)
a. (First): ALEXANDER
b. (Middle): A 018
c. (Last): STANLEY

4. DATE OF DEATH (Month) Feb. (Day) 12 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 26, 1904
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown DO
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Martin Stanley
BIRTHPLACE: Unknwon
14. MOTHER'S MAIDEN NAME: Matilda Zeromski
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 387-14-5864
17. INFORMANT'S OWN SIGNATURE: John P. Glossman
ADDRESS: Pocatello, I

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cirrhosis of liver — 2 yr
Malnutrition — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26, 1967, *to* 2-12, 1967, *that I last saw the deceased alive on* 2-12, 1967, *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. G. Hansell 113 MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 2-15-67
REGISTRAR'S SIGNATURE: Maureen Shelske, Deputy
25. FUNERAL DIRECTOR: George W. Knoff
~~ADDRESS~~ 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 20 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 574
Local Reg. No. 524
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 1-00
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 418 E. Lovejoy 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 418 E. Lovejoy

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): L
c. (Last): BLUME

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar. 31, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 21
10b. KIND OF BUSINESS OR INDUSTRY: UPRR
11. BIRTHPLACE (State or foreign country): Challis, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Blume — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Effie McKendrick — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 721 14 4982
17. INFORMANT'S OWN SIGNATURE: Mrs Bonnie Breshears K — ADDRESS: Arvada, Col

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__ *to* — *, 19*__ *, that I last saw the deceased alive on* 2-13, 1967, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton T. Johns 583 (Degree or title) Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-16-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. FUNERAL DIRECTOR: George W. Knoff — ADDRESS: 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

FEB 23 1967

MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-107

BIRTH NO.

RECEIVED

FEB 20 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 575
Local Reg. No. 55
Reg. Dist. No. 510

1. PLACE OF DEATH

a. COUNTY: Bannock 031 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. TOWN OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #30 West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 031

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 453½ North 15th Avenue

3. NAME OF DECEASED (Type or Print)

a. (First): ANGELA

b. (Middle): CHRISTINE

c. (Last): AVILA

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Jan. 11, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 1 Days 3; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: XXXXX

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Raul Avila

BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Melodie Treasure

BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: XXXXX

17. INFORMANT'S OWN SIGNATURE: X Raul Avila

ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8161

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Puncture + Crush, Cranium — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): City Street 04

21c. (CITY, TOWN, OR TOWNSHIP) 031 (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-14-67 8:05 a.m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car - Semi Trailer Collision

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I ~~last~~ saw the deceased ~~alive~~ dead on* 2-14-, 1967, *and that death occurred at* 8:05 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton Bohn 583 Coroner 4

23b. ADDRESS: Bannock Co. Idaho

23c. DATE SIGNED: 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb.15,1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: FEB 1 5 1967

REGISTRAR'S SIGNATURE: Maureen Achelsky Deputy

25. EMBALMER: Conway Grant

LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 576
Local Reg. No. 61
Reg. Dist. No. 511

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Inkom
c. LENGTH OF STAY (in this place): ---
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Canyon 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45 555
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 665 West 5th North

3. NAME OF DECEASED (Type or Print)
a. (First): CAROLYN
b. (Middle): L
c. (Last): LAFFOON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 18, 1939
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Hannibal, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Orval C. Carson — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Pauline Kerns — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George W. Knopp — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9258

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ski Area 25
21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) (STATE): Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-18-67 3 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Snow Avalanche

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I* ~~last~~ *saw the deceased* ~~alive~~ *on* 2-18, 1967, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton Dohn 583 Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cem.
24d. LOCATION (City, town, or county) (State): Brigham City Utah

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. FUNERAL DIRECTOR: George W. Knopp — ADDRESS: 409 Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 577
Local Reg. No. 59
Reg. Dist. No. 511

BIRTH NO.

RECEIVED FEB 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL--Inkom
LENGTH OF STAY (In this place): --
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Canyon 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: 555 Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 695 Sunset Dr.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)
	JOHN	SEVER	JOHNSON

4. DATE OF DEATH: (Month) Feb. (Day) 18 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	5 Married	Oct. 5, 1926	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 3068
10b. KIND OF BUSINESS OR INDUSTRY: Thiokol Chem.
11. BIRTHPLACE (State or foreign country): Waverly, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herbert B. Johnson — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Bertha Lillemo — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 7858
17. INFORMANT'S OWN SIGNATURE: Harold Felt — ADDRESS: Brigham City, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Ski Area
21c. (CITY, TOWN, OR TOWNSHIP) 030 (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY: (Month) 2 (Day) 18-67 (Year) (Hour) 3 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Snow Avalanche

22. *I hereby certify that I attended the deceased from* — , 19 , *to* — , 19 , *that I last saw the deceased alive on* 2-18 , 1967 , *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton Watson 583 (Degree or title): Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 19, 1967
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county): Brigham City (State): Utah

DATE REC'D BY LOCAL REG.: 2-21-67
REGISTRAR'S SIGNATURE: Maureen Schleker, Deputy
25. FUNERAL DIRECTOR: George W. Knopp — ADDRESS: 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAR 2 1967

MAR 28 1967

APR 3 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 578
Local Reg. No. 60
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 344 South Fifth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): OLLIE
b. (Middle): C. 003
c. (Last): BLALOCK

4. DATE OF DEATH (Month) (Day) (Year): February 18 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 11, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Rogers, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: A. B. Sawrey
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Nancy Bounds

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: David B Blalock — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Anemia — 2 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1967, *to* Feb. 18, 1967, *that I last saw the deceased alive on* Feb. 18, 1967, *and that death occurred at* 8:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 113 R G Randall MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Feb. 21, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 579
Local Reg. No. 64
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): a
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 210 Fargo A pts.

3. NAME OF DECEASED (Type or Print)
a. (First): GLADYS
b. (Middle): MARIE 018
c. (Last): YOUNG

4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 3, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Swift — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Bertha Dover — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Frank P. Young — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gangrene of leg. — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis, thrombosis — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes mellitus — 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Thrombosis, arteriosclerosis
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* Feb 20, 1967 *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* — *m., from the causes and on the date stated above.*

23a. SIGNATURE: 248 R. P. Howard MD (Degree or title)
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-27-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. FUNERAL DIRECTOR: George W. Knopp — [redacted] - 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 3 1967

MAR 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 580
Local Reg. No. 73
Reg. Dist. No. 570

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 425 North 10th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARTHUR	L.	OLIVER	Feb. 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Apr. 24, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chief of Police 08	Police Dept.	Salina, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Thomas Oliver	Utah	Olive Ellen Baxter	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Lucille W Oliver	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-pulmonary failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchogenic carcinoma, squamous cell type bilateral,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 2, 19 66, *to* Feb. 20, 19 67, *that I last saw the deceased alive on* 2.20.67, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. McMahon M.D		3.6.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb.23,1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Lucy Kellogg	Conway Grant	E 478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 30 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 581
Local Reg. No. 66
Reg. Dist. No. 510

RECEIVED MAR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 843 Samuel

3. NAME OF DECEASED (Type or Print)
a. (First): SHERI
b. (Middle): LEONE 018
c. (Last): BLEDSOE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 19, 1944

9. AGE (In years last birthday): 23
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Reed
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Bella Smith
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James B. Reed
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2043

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute stem-cell leukemia — INTERVAL BETWEEN ONSET AND DEATH: approx 4 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-9, 1966, *to* 2-22, 1967, *that I last saw the deceased alive on* 2-21, 1967, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Comstock, MD (Degree or title): MD
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: 3-1-67
REGISTRAR'S SIGNATURE: Lacey Kelley

25. EMBALMER: Conway Grant
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 582
Local Reg. No. 62
Reg. Dist. No. 510

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 726 E. Hayden

3. NAME OF DECEASED (Type or Print)
a. (First): CARLO
b. (Middle): 019
c. (Last): CACCIA

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 4, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Machinist 21
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Legnani, Italy
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Italy
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 712-07-7620
17. INFORMANT'S OWN SIGNATURE: Carmela Caccia — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Chronic Cardio pulmonary disease — 20 yrs
DUE TO (c): Arteriosclerosis — 20 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Old thoracoplasty for Tbc. (left) — 1940

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* 22 Feb, 1967, *that I last saw the deceased alive on* 21 Feb, 1967, *and that death occurred at* 4:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clark T. Parker MD 406
23b. ADDRESS: 343 W Lewis Pocatello Idaho
23c. DATE SIGNED: 22 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. FUNERAL DIRECTOR: George W. Knott — ~~ADDRESS~~ 409
Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1967
MAR 3 1967
JUN 15 1967
FEB 19 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED MAR 3 1967 STATE OF IDAHO

State File No. 583
Local Reg. No. 65
Reg. Dist. No. 5-10

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 606 No. Hayes

3. NAME OF DECEASED (Type or Print): a. (First) WALTER; b. (Middle) D 019; c. (Last) SERVICE

4. DATE OF DEATH: (Month) Feb. (Day) 22 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 29, 1879

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Banker 19

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Oshkosh, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Archie W. Service — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Emily Courtney — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-7226

17. INFORMANT'S OWN SIGNATURE: Edna Service — ADDRESS: Pocatello, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Cerebral Thrombosis — 5 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Arterio sclerotic Cardio-renal — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1962, 19__, *to* Feb 23, ~~19~~ 67, *that I last saw the deceased alive on* Feb 22, 1967, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): [signature] M.D. — **23b. ADDRESS**: Pocatello — **23c. DATE SIGNED**: 2-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Feb 25, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Mount Moriah Cem. — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 2-27-67 — **REGISTRAR'S SIGNATURE**: Lucy Kellogg — **25. EMBALMER**: [signature] — **LICENSE NO.**: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 1 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 0 4 2005

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 584
Local Reg. No. 69
Reg. Dist. No. 510

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Bannock 031 MAR 8 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Bureau of Vital
c. LENGTH OF STAY (in this place) Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Bannock Mem.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 455 South 11th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) SANDRA
b. (Middle) LEE 000
c. (Last) HALL

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH Nov. 20, 1946
9. AGE (In years last birthday) 20 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY Ida.State Univ.
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Kenneth Hall — BIRTHPLACE Pocatello,Ida
14. MOTHER'S MAIDEN NAME Mildred Brangham — BIRTHPLACE Chesterfield,Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. E. J. Diehl — ADDRESS Pocatello,Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic Disturbance. — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetic Coma.
DUE TO (c) Extreme weight loss

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been on "Crash-Diet"

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* dead *on* 2-24-, 1967, *and that death occurred at* 2 *m., from the causes and on the date stated above.*

23a. SIGNATURE Burton H. John 583 (Degree or title) Coroner
23b. ADDRESS Bannock Co. Idaho
23c. DATE SIGNED 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb.28,1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery,
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. 3/3/67
REGISTRAR'S SIGNATURE Maureen Schelske, Deputy
25. EMBALMER Conway Grant
LICENSE NO. E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 585
Local Reg. No. 67
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 198 Wayne Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): BERTHA
b. (Middle): V 019
c. (Last): MORAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 20, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Secy. 08
10b. KIND OF BUSINESS OR INDUSTRY: Highway Dept.
11. BIRTHPLACE (State or foreign country): Omaha, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ernst Volkmeier — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Campbell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-26-3932
17. INFORMANT'S OWN SIGNATURE: Kathryn Ledeatt — ADDRESS: Lorenzo, ID

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2867

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Failure

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Sclera - Derma Hypoproteinia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: fractured left hip, treated with prosthesis 6-25-66

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 6-25-66
19b. MAJOR FINDINGS OF OPERATION: see above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock — Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-25-66, *19*___, *to* 2-21-67, *19*___, *that I last saw the deceased alive on* 2-21-67, *19*___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B B Grisham 745 M-D
23b. ADDRESS: 1352 E. Center St. Pocatello
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello — Idaho

DATE REC'D BY LOCAL REG.: 3-2-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knopp
LICENSE NO.: 409

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 586
Local Reg. No. 68
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 1-00
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 735 No. Grant Ave. ODD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 735 No. Grant

3. NAME OF DECEASED (Type or Print)
a. (First): VAUGHN
b. (Middle): AUGUST
c. (Last): ROSQVIST

4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 5, 1915
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Mawter 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: August Rosqvist — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Matilda Sjobers — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-01-7645
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* — *, 19*__*, to* — *, 19*__*, that I* ~~last~~ *saw the deceased* ~~alive~~ *on* 2-27, 1967, *and that death occurred at* ? *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton John 583 (Degree or title) Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 3-2-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: George W. Knott
LICENSE NO.: 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form BH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 587
Local Reg. No. 70
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 MAR 8 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 340 West Wyeth

3. NAME OF DECEASED (Type or Print)
a. (First): KENT
b. (Middle):
c. (Last): McDONALD

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 12, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10
10b. KIND OF BUSINESS OR INDUSTRY: R.R. Express Co
11. BIRTHPLACE (State or foreign country): St. George, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Alex McDonald
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Laura E.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 714 10 8426
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Nellie J McDonald

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 24, 1967, *to* Feb 28, 1967, *that I last saw the deceased alive on* 28 Feb, 1967, *and that death occurred at* 10 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 113 R Randall MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: Mar 2 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 3/3/67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 588
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
d. STREET ADDRESS (If rural, give location) 184 No. 7th

3. NAME OF DECEASED (Type or Print)
a. (First) Evine
b. (Middle) Kristine 024
c. (Last) Hart

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 6, 1891
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Burnham New Mexico
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Nils Evensen BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Margrethe K. Hansen BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-8054B
17. INFORMANT'S OWN SIGNATURE C. L. Hart ADDRESS Montpelier, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) congestive H. failure — 1 wk
DUE TO (c) Arterial hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Idaho (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1967, 1967, *to* 11 Feb, 1967, *that I last saw the deceased alive on* 11 Feb, 1967, *and that death occurred at* 8:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 458
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY Montpelier, Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 2-18-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E359
FIRM NAME Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 589
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

FEB 2 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 044
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
c. LENGTH OF STAY (in this place) 2-02 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
d. STREET ADDRESS (If rural, give location) 922 Grant

3. NAME OF DECEASED (Type or Print) a. (First) Vera b. (Middle) Mae 024 c. (Last) Sunderland

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 3, 1900
9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Partner in Bakery
11. BIRTHPLACE (State or foreign country) Vernal, Utah
12. CITIZEN OF WHAT COUNTRY U. S. A.

13. FATHER'S NAME Joseph N. Johnson
BIRTHPLACE Ogden Utah
14. MOTHER'S MAIDEN NAME Sarah M. Anderson
BIRTHPLACE Vernal Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO. 518-38-5378
17. INFORMANT'S OWN SIGNATURE Mrs. Norma Parker
ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Stomach

19a. DATE OF OPERATION Aug 66
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montpelier Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__, to Present, 19__, that I last saw the deceased alive on Feb 16, 1967, and that death occurred at 4:35 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M Schoppe MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 18 1967
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) (State) Montpelier, Idaho

DATE REC'D BY LOCAL REG. 2-23-67
REGISTRAR'S SIGNATURE Mrs Ruby Gotesnik
25. EMBALMER Nile Matthews
LICENSE NO. E359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK ribbon typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 6 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 15 2014 x2

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 590
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

FEB 2 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bear Lake 046 000
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Ida.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040 b. COUNTY Bear Lake
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 253 No. 4th St.

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Lee 024 c. (Last) Toomer

4. DATE OF DEATH (Month) (Day) (Year) Feb. 19 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug 5 1902
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Gardener at Lumber Co.
10b. KIND OF BUSINESS OR INDUSTRY 06
11. BIRTHPLACE (State or foreign country) Lanark Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Toomer BIRTHPLACE Farmington Ut.
14. MOTHER'S MAIDEN NAME Agnes Parker BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-10-1376
17. INFORMANT'S OWN SIGNATURE Mrs Alfred L Toomer ADDRESS Montpelier Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma Tongue — INTERVAL BETWEEN ONSET AND DEATH 7 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1961, 19__, *to* 1967, 19__, *that I last saw the deceased alive on* 19__, 1967, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 458
23b. ADDRESS
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 2-28-67
REGISTRAR'S SIGNATURE Mrs Ruby Gotcsick
25. EMBALMER Nile Matthews
LICENSE NO. E359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 16 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 591
Local Reg. No. 11
Reg. Dist. No. 130

Certificate of Death

RECEIVED
MAR 21 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (In this place) Few Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 707 Main Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 025
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) Box 114 (Center St.)

3. NAME OF DECEASED (Type or Print)
a. (First) Wilfred
b. (Middle) Conrad
c. (Last) Dietrich

4. DATE OF DEATH (Month) (Day) (Year) January 21 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 1, 1894
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Forestry 08
10b. KIND OF BUSINESS OR INDUSTRY U. S. Forest Service
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Casper Dietrich — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Mary E. Naumann — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War One 3
16. SOCIAL SECURITY NO. 471-09-0158
17. INFORMANT'S OWN SIGNATURE William E. Dietrich — ADDRESS Clear Lake Wisconsin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DOH, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. O. Thurston 533 (Degree or title) MD.
23b. ADDRESS St. Maries Idaho
23c. DATE SIGNED 3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1/25/1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State) St. Maries, Idaho

DATE REC'D BY LOCAL REG. 3-16-67
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER David A. Hansen
LICENSE NO. E-510

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 592.
Local Reg. No. 5
Reg. Dist. No. 130

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 050 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) P.O. Box 104 Riverdale Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ivar	Ferdnan	Sundell	February 5 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	August 13, 1888	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logging	Scaler	Sweden	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Johnson	Sweden	Maria Johnson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-03-5035	August R Sundell	St. Maries, Idaho

331X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chordoma - sacrum — 2 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec 1965, *to* Jan 5, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 4½ p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Morgan A. Rapp	428 M.D.	St. Maries Idaho	2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/8/1967	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-9-67	Vonda Simms	David A. Hansen	E-510

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 593
Local Reg. No. 8
Reg. Dist. No. 130

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN: St. Maries
(If outside corporate limits, write RURAL and give township)
LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Calder
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Will b. (Middle) A. 025 c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year): February 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	3/3/1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Owner 04
10b. KIND OF BUSINESS OR INDUSTRY: Wheat & Cattle
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Rose — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-77428
17. INFORMANT'S OWN SIGNATURE: x Mrs David Turner ADDRESS: 15018 Monroe

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis with
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) myocardial infarction
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: 2wks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1967, *to* Feb 20, 1967, *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. A. Rapp M.D. 428 (Degree or title)
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/24/67
24c. NAME OF CEMETERY OR CREMATORY: Fairmount Memorial Park
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 3-9-67
REGISTRAR'S SIGNATURE: Wanda Dennis
25. EMBALMER: x James D. Miller
LICENSE NO.: 925
FIRM NAME: Hazen & Jaeger Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 594
Local Reg. No. 6
Reg. Dist. No. 130

RECEIVED STATE OF IDAHO
MAR 1 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 2-01
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) One Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (St. Maries)
d. STREET ADDRESS (If rural, give location) Rt. #2 (Hwy. 95)

3. NAME OF DECEASED (Type or Print)
a. (First) Wesley
b. (Middle) 025
c. (Last) Aldrich

4. DATE OF DEATH (Month) (Day) (Year) February 28 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH October 22, 1876
9. AGE (In years last birthday) 90
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad 10
10b. KIND OF BUSINESS OR INDUSTRY Telegraph
11. BIRTHPLACE (State or foreign country) Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Hattie Aldrich
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 707-12-0982
17. INFORMANT'S OWN SIGNATURE Mrs. C. V. McGee
ADDRESS St. Maries Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture left humerus — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1967, to 28 Feb, 1967, that I last saw the deceased alive on 27 Feb, 1967, and that death occurred at 6:46 A m., from the causes and on the date stated above.

23a. SIGNATURE R. Sullivan (Degree or title) MD
23b. ADDRESS St. Maries Idaho
23c. DATE SIGNED 28 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 4, 1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) Pipestone (State) Minnesota

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Wanda Simies
25. EMBALMER David O. Hansen
LICENSE NO. E-510
FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 595
Local Reg. No. 27
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location): R#1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Albert		Clifford	Jan	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	29 Sept 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Grant Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Elish Clifford	Utah	Elizabeth Campbell	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
------	----------	519-16-0464	Lloyd Clifford	Ogden Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & Myocardial Infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 1954, *to* Jan 8, 1967, *that I last saw the deceased alive on* Jan 5, 1967, *and that death occurred at* 11:45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 418	Shelley, Idaho	1/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan 13	Hill Crest cemetery	Shelley, Bingham

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 17, 1967	Dorothy J. Jones	Lloyd M Nalder	E-275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Nalder Funeral Home

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 596
Local Reg. No. 25
Reg. Dist. No. 600

RECEIVED
MAR 1 4 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 1-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 289 So. Adams

3. NAME OF DECEASED (Type or Print)
a. (First): Emma
b. (Middle): J.
c. (Last): Sundquist

4. DATE OF DEATH (Month) 1 (Day) 9 (Year) 67

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 14, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 01
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (State or foreign country): Eaton Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Brewington — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Clio M. Rogers — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-26-2557
17. INFORMANT'S OWN SIGNATURE: Robert D. Rambough — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): malignant hypertension — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: diabetes, mellitus, uremia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): August E. Mill Jr 361
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/14/67
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county): Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: Mar. 3, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Lloyd M. Walder — LICENSE NO.: E 275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 597
Local Reg. No. 14
Reg. Dist. No. 602

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 061 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION (In this place): 6mo28day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) C. c. (Last) CROSBY

4. DATE OF DEATH (Month) (Day) (Year): February 3 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: February 27 84

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John K. Crosby
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Lottie Boyington
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary Coyne ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebrovascular accident (Thrombosis) — 9 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Marked debility and senility

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5 July, *1966, to* ~~3 February~~, *19 67, that I last saw the deceased alive on* 3 February *19 67, and that death occurred at* ~~2:55a~~ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Billingsley 594 (Degree or title)

23b. ADDRESS: State Hospital South Blackfoot, Idaho

23c. DATE SIGNED: 6 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Oct 6 1967

24c. NAME OF CEMETERY OR CREMATORY: Manila cemetery

24d. LOCATION (City, town, or county) (State): Manila Utah

DATE REC'D BY LOCAL REG.: Feb 14, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: C. Dean Hill LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 598
Local Reg. No. 17
Reg. Dist. No. 600

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham 061 — 3-01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot — LENGTH OF STAY (in this place): 1 day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 061 — b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

d. STREET ADDRESS (If rural, give location): North Broadway

3. NAME OF DECEASED (Type or Print): a. (First) SARA — b. (Middle) LOUISA 029 — c. (Last) HOGE

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: October 17, 1884

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Dingle, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN H. GRIMMETT — BIRTHPLACE: Salem, Utah

14. MOTHER'S MAIDEN NAME: LOUISA NEAT — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Walter G Hoge — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Stroke, paralytic — 1 month

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): ~~Dec 7 1967~~ m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Dec, 1967, *to* Feb 4, 19 67, *that I last saw the deceased alive on* Feb 4, 1967, *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter G Hoge MD 334 M.D. — 23b. ADDRESS: Blackfoot, Idaho — 23c. DATE SIGNED: Feb 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: Feb 8, 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Paris cemetery — 24d. LOCATION (City, town, or county) (State): Paris Idaho

DATE REC'D BY LOCAL REG.: Feb 14, 1967 — REGISTRAR'S SIGNATURE: Dorothy J. Jones — 25. EMBALMER: L. Dean Hill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 599
Local Reg. No. 15
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) ISAAC 029 c. (Last) HEART WATSON

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: November 6, 1873

9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Plainsville, New Jersey

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edwin Watson — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Ann Swingewood — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-28-4372

17. INFORMANT'S OWN SIGNATURE: Phyllis W. Hale — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 56, *to* Feb 4, 19 67, *that I last saw the deceased alive on* Feb 4, 19 67, *and that death occurred at* 8:20a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 404 (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Feb 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb 7, 1967

24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb. 14, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Dean Hill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form PH-63021

JUN 2 6 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 29 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 600
Local Reg. No. 16
Reg. Dist. No. 600

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 001 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 90 North Fisher 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 001
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 488 East Bridge

3. NAME OF DECEASED (Type or Print)
a. (First): PEARL
b. (Middle): BRUNSON
c. (Last): HOLLOWAY

4. DATE OF DEATH (Month) (Day) (Year): February 9, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: May 24, 1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Fillmore, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Seymour Brunson
BIRTHPLACE: Tom King, Ill.

14. MOTHER'S MAIDEN NAME: Elizabeth A. Mace
BIRTHPLACE: Ponea, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-60-3932

17. INFORMANT'S OWN SIGNATURE: Lois Spraker
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19 63, *to* Feb 9, 19 67, *that I last saw the deceased alive on* Feb 9, 19 67, *and that death occurred at* 8:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 404 (Degree or title) M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: Feb 10, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb 13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot Idaho

DATE REC'D BY LOCAL REG.: Feb. 14, 1967

REGISTRAR'S SIGNATURE: Dorothy Jo Jones

25. EMBALMER: E. Dean Hill

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 601
Local Reg. No. 18
Reg. Dist. No. 600

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 mo 3days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison 330
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Anthony
d. STREET ADDRESS (If rural, give location): 114 East 2nd North

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): W
c. (Last): LOWE

4. DATE OF DEATH (Month) (Day) (Year): February 9 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 7 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: William Lowe — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary Shelton — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH 9037
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural or/and subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fall (twice)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hospital 07
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Blackfoot, Idaho 061
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1-29-67 1-31-67 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell to floor

22. *I hereby certify that I attended the deceased from* 6 January, 1967, *to* 9 February 1967, *that I last saw the deceased alive on* 9 February 1967, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. Stillinger MD (Degree or title) 594
23b. ADDRESS: State Hospital South, Blackfoot, Idaho
23c. DATE SIGNED: 14 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/10/67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Driggs, Idaho

DATE REC'D BY LOCAL REG.: Feb. 15, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham — LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 29 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 602
Local Reg. No. 11
Reg. Dist. No. 601

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
c. LENGTH OF STAY (in this place): 5yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Allen
b. (Middle): B.
c. (Last): Taber

4. DATE OF DEATH (Month) (Day) (Year): Feb. 12 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1 April 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country):
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: James Taber — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Clara — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 456-09-9464
17. INFORMANT'S OWN SIGNATURE: Edwin Beck — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shelley Bingham ~~060~~ Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Idaho not see person, 19 alive, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Stoley 583 (Degree or title): Coroner 4
23b. ADDRESS: 321 E. Walker Blackfoot
23c. DATE SIGNED: 2-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): 2" 17-67 0
24b. DATE: 2-17-67
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: Feb. 21, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Lloyd M. Nalder — LICENSE NO.: E-275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder's Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 603
Local Reg. No. 13
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 061
a. COUNTY: Bingham 311
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 206 West Center St.

3. NAME OF DECEASED (Type or Print)
a. (First): HILDA
b. (Middle): W.
c. (Last): ANDERSEN

4. DATE OF DEATH (Month) (Day) (Year): February 14, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 25, 1878
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Fortune, Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Karl F. Kolstron — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Wilhelmina Ranstrom — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-6824
17. INFORMANT'S OWN SIGNATURE: Helen Andersen — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inability to swallow or speak

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arterio-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1954, *to* Feb 14, 1967, *that I last saw the deceased alive on* Feb 14, 1967, *and that death occurred at* 11:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilson Packer 403 M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: Feb 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ucon cemetery
24d. LOCATION (City, town, or county) (State): Ucon Idaho

DATE REC'D BY LOCAL REG.: Feb. 16, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: E. Dean Hill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

ITEM 8 AMENDED 06/12/2013 MH

State File No. 604
Local Reg. No. 10
Reg. Dist. No. 601

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 061 128
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural) Blackfoot
c. LENGTH OF STAY (in this place) 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Rural) Blackfoot
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) MYRON
b. (Middle) EARL
c. (Last) PARK

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH NOVEMBER 11, 1915 ~~November 22, 1915~~
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Technician 21
10b. KIND OF BUSINESS OR INDUSTRY Artificial insemination
11. BIRTHPLACE (State or foreign country) Murray, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James H. Park — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Sadie Flory — BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Orva L. Park — ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Myocardial Infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Rural #1 Blackfoot — (COUNTY) Bingham ~~061~~ — (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased* ~~from~~ Feb 16, 1967, ~~xxxxxxxxxxxx, 19xxx, that I last saw the deceased alive on xxxxxxxxxxxx, 19xxx~~, *and that death occurred at* 3:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Carl Stoley 583 4 (Degree or title) Coroner, Bingham county
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED Feb 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Feb 20, 1967
24c. NAME OF CEMETERY OR CREMATORY Groveland cemetery
24d. LOCATION (City, town, or county) (State) Bingham county, Idaho

DATE REC'D BY LOCAL REG. Feb. 20, 1967
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER C. Dean Hill — LICENSE NO. E-466

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 27 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 4 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

MAR 22 2011

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

JUN 12 2013

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

IDAHO DEPARTMENT OF HEALTH AND WELFARE
BUREAU OF VITAL RECORDS AND HEALTH STATISTICS
AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of Idaho
County of Bingham } SS

Certificate No. 1967-604

Date Filed February 23, 1967

The undersigned does solemnly swear (affirm) that certain facts on the certificate of death (Birth, Death, Marriage, etc.)

for Myron Earl Park (Name on Original Certificate) who died (Was Born, Died, etc.) on February 16, 1967 (Date of Event)

in Blackfoot (Bingham County), Idaho (Place of Event) are erroneous or were omitted.

ITEMS TO BE CORRECTED	THE RECORD NOW SHOWS:	THE TRUE FACT IS:
8. Decedent's Date of Birth	November 22, 1915	November 11, 1915

Subscribed and sworn (affirmed) to before me this 22nd day of April, 2013

Notary Public, [signature]

Residing at US Bank - Shelley

My commission expires 12/10/2015

(Seal)

REGINA GARZA
Notary Public
State of Idaho

Applicant's Signature Jay Park

Printed Name Jay Park

Street Address 974 E. 1100 N.

City, State, ZIP Shelley Id. 83274

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of _____
County of _____ } SS

(Must be completed ☐)

(Is not necessary ☒)

The undersigned does solemnly swear (affirm) to have knowledge of the facts as set forth above and that they are true to the best of their knowledge.

Subscribed and sworn (affirmed) to before me this _____ day of _____, _____

Notary Public, _____

Residing at _____

My commission expires _____

(Seal)

Applicant's Signature _____

Printed Name _____

Street Address _____

City, State, ZIP _____

1. ENLISTED RECORD AND REPORT OF SEPARATION HONORABLE DISCHARGE FROM THE ARMY OF MYRON E PARK, DATE OF SEPARATION 09/25/1945 SHOWS THE DECEDENT'S DATE OF BIRTH AS 11/11/1915 - VIEWED BY VS - MH
2. IDAHO RESIDENT FISH AND GAME LICENSE #01-90641 OF MYRON E PARK ISSUED ON 06/17/1966 SHOWS THE DECEDENT'S DATE OF BIRTH AS 11/11/1915 - VIEWED BY VS - MH

Affidavit prepared by SP on April 16, 2013

(Rev. 10/11)

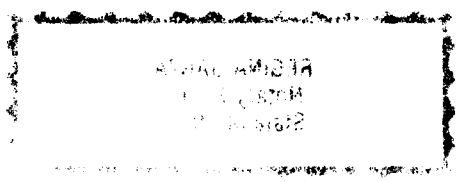

Certificate of Death

STATE OF IDAHO

State File No. 605
Local Reg. No. 12
Reg. Dist. No. 600

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO. 310

1. PLACE OF DEATH
a. COUNTY: 061 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
b. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Riverside Rt. #2

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): A. 029
c. (Last): LaRocque

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 14, 1886

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR — Months: 3 — Days: 22
IF UNDER 24 HRS. — Hours: — Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Watermaster
10b. KIND OF BUSINESS OR INDUSTRY: Ditch Company

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emery LaRocque
BIRTHPLACE: Quebec, Canada

14. MOTHER'S MAIDEN NAME: Martha Sessions
BIRTHPLACE: Peoria, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W War 1

16. SOCIAL SECURITY NO.: 519-12-6471

17. INFORMANT'S OWN SIGNATURE: x Emery LaRocque
ADDRESS: Challis, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident
INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* January 65, *to* Feb. 16, 1967, *that I last saw the deceased alive on* Feb. 16, 1967, *and that death occurred at* 11:15P.m., *from the causes and on the date stated above.*

23a. SIGNATURE GEORGE HALES (Degree or title) M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 2-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cem.
24d. LOCATION (City, town, or county) (State): Rt. #2, Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: Feb 21, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 606
Local Reg. No. 21
Reg. Dist. No. 600

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 061 Bingham 207
b. CITY OR TOWN: Blackfoot — LENGTH OF STAY (In this place): 6 mo. 25dys.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bingham Nursing Home 304

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN: Sterling
d. STREET ADDRESS: none

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Nellie	A.	Line	Feb.	17,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	widowed 2	Sept. 4, 1886	80	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	own home	Dandridge, Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Noah Colbock	Not known	Anna ------	Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Mabel L. DeGiulio	Sterling, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia - Old Age — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Fractured Hip

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-15-66		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-2, 1966, *to* 2-17, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 10:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dr. A. E. Miller, M.D. 360	9 Airport Rd., Blackfoot, Ida.	2-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-21-67	Springfield Cemetery	Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 27, 1967	Dorothy J. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 607
Local Reg. No. 19
Reg. Dist. No. 601

Certificate of Death

RECEIVED
MAR 14 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 061 Bingham 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot - Rural
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highland Drive Rt. #1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Blackfoot
d. STREET ADDRESS (If rural, give location): Highland Drive Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): Austin
b. (Middle): Wave
c. (Last): Hardy

4. DATE OF DEATH (Month) (Day) (Year): Feb. 19, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 27, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 10, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Mechanic 04
10b. KIND OF BUSINESS OR INDUSTRY: FARM & IMPLEMENT Co.
11. BIRTHPLACE (State or foreign country): Tetonia, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Heber Mickmore Hardy — BIRTHPLACE: Paradise, Utah
14. MOTHER'S MAIDEN NAME: Flavilla Cordingly — BIRTHPLACE: Fountain Green, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-6222
17. INFORMANT'S OWN SIGNATURE: + Mrs. Mae D. Hardy — ADDRESS: Blf't., Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ca of Lung
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1965, *to* Feb 19, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE A.E. Miller, Sr. (Degree or title): M.D. — A.E. Miller, Sr. 360
23b. ADDRESS: 9 Airport Rd. Blackfoot, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-67
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Rt. #2, Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: Feb 24, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Howard Packham — LICENSE NO. E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 1 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 608
Local Reg. No. 20
Reg. Dist. No. 600

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 061 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY IN THIS PLACE: 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 079

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Cottage Hotel 90 N.E. Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Paul		Novosad	Feb.	24,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced 4	March 27, 1892	74	10	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Glassworker & Laborer 16	Greenhouse & Plumbing	Brodno, Hungary	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Europe	Unknown	Europe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-05-2245	John S. Novosad	Blackfoot, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia Poisoning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death: Congestive Heart Failure

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-24, 1967, *and that death occurred at* 9:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
360 A. McClean Jr	M.D.	9 Airport Road Blackfoot, Idaho	2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-28-67	Moreland Cemetery	Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-1-1967	Dorothy J. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 609
Local Reg. No. 24
Reg. Dist. No. 600

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 007 — 103
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 2yr7mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) DANIEL — b. (Middle) A. — c. (Last) REYNOLDS

4. DATE OF DEATH: (Month) (Day) (Year): February 25 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: November 18 93

9. AGE (In years last birthday): 73 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Reynolds — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Valera C. Book — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mary L Reynolds — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio sclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 25 Feb., 1967, *that I last saw the deceased alive on* 25 Feb., 19 67 *and that death occurred at* 8:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Mary Louise Smith — (Degree or title): RN

23b. ADDRESS: State Hospital South, Blackfoot

23c. DATE SIGNED: 28 Feb '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb 25, 1967

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: March 1, 1967

REGISTRAR'S SIGNATURE: Dorothy J Jones

25. EMBALMER: C. Dean Hill — **LICENSE NO.**: E-466

FIRM NAME: Sandberg-Hill

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 610
Local Reg. No. 5
Reg. Dist. No. 410

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Raymond	Hally	McCoy	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	June 1, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance 24	Insurance	Ketchum, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William McCoy	Chester Co., Calif.	Elizabeth	Valley View, Tex.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-09-8438		Hailey, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aplastic Anemia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-24 *, 19*67*, to* 2-5 *, 19*67*, that I last saw the deceased alive on* 2-5 *, 19*67*, and that death occurred at* 4:45 *p. m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold Hansen M.D	Sun Valley, Idaho	2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/8/67	Ketchum Cemetery	Ketchum, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb-11-'67	Robert A. Wright	Keith Bird	E-373

Federal Security Agency
United States Public Health Service

Form DH-63021 per Rev. B.W.

FIRM NAME: Bird Funeral Home, Hailey, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 15 1962

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 611
Local Reg. No. 6
Reg. Dist. No. 410

RECEIVED
MAR 1 0 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Sun Valley Hosp. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): HARPER
b. (Middle): JACKSON
c. (Last): KOONCE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: Oct. 5, 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mining 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Syrrey Co. No. Carolina
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Killian Z Koonce — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Elza Jane Horell — BIRTHPLACE: No. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-2216
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: Bellevue, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) 1.) Presumed cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — etiology not apparent
DUE TO (c) Senility and arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Cecil Earle Mc Cowen 4
23b. ADDRESS: Sun Valley
23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/21/67
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey Idaho

DATE REC'D BY LOCAL REG.: Mch 7-'67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER:
LICENSE NO.:

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev. C.B.W.
FIRM NAME: Bird Funeral Home, Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 1 01967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 612
Local Reg. No. 7
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Blaine 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 218 4th Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) IGNATIUS c. (Last) POWERS

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: July 31, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laurin, Mont.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bem Powers
BIRTHPLACE: Mont.

14. MOTHER'S MAIDEN NAME: Jessie E. McKinney
BIRTHPLACE: Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 519-10-9964

17. INFORMANT'S OWN SIGNATURE: [signature]
ADDRESS: Hailey, Ida

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct, 19 64, *to* FEB, 19 67, *that I last saw the deceased alive on* Feb 28, 19 67, *and that death occurred at* 8:12 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
402

23b. ADDRESS: Hailey, Idaho

23c. DATE SIGNED: ### 3/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burail

24b. DATE: 3/2/67

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: Mch 7-67

REGISTRAR'S SIGNATURE: Robert H. Wright per [signature]

25. EMBALMER: Keith Bird [signature]

LICENSE NO.: E-373

FIRM NAME: Bird Funeral Home, Hailey, ida

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 0 8 2004

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 613
Local Reg. No. 22
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 309
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 511 N. 6th

3. NAME OF DECEASED (Type or Print)
a. (First): Edwin
b. (Middle): R.
c. (Last): Keller

4. DATE OF DEATH (Month) (Day) (Year): February 1 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 29, 1910
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 728 10 4565
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Mrs. Donna Young

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL Metastasis 163X — INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Carcinoma left Lung known 4 month

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 17 Sept, 1962, *to* Feb 1, 1967, *that I last saw the deceased alive on* Feb 1, 1967, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Franz H Hansen 471 MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb 10, 1967
REGISTRAR'S SIGNATURE: Raylles Y Pilchette
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

DUTIES:

FEB 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 614
Local Reg. No. 35
Reg. Dist. No. 110

BIRTH NO.

RECEIVED
FEB 23 1967
Bureau of Vital Stats.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 239

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Samuels
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Claude b. (Middle) Richard c. (Last) Overbay

4. DATE OF DEATH: (Month) Feb. (Day) 5 (Year) 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 15, 1899
9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Sam Overbay — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Cora Cook — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI 4330
16. SOCIAL SECURITY NO.: 518-14-5334
17. INFORMANT'S OWN SIGNATURE: Oliver L. Jordell — ADDRESS: Rt. 1 Sagle Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Stokes Adams Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerotic Heart Disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Emphysema — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-13, 1966, *to* 2-5, 1967, *that I last saw the deceased alive on* 2-5, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Smith MD (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 2-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb 15, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Roberts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 615
Local Reg. No. 27
Reg. Dist. No. 110

Certificate of Death

RECEIVED FEB 23 1967 STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 091 Bonner 105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (If not in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oldtown
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle)
c. (Last) Jennings

4. DATE OF DEATH (Month) Feb (Day) 7 (Year) 1967

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 24, 1871
9. AGE (In years last birthday) 95 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME A. Anderson — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Unobtainable — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Emil Naccarato by [signature] — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive heart disease — 15 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4438

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 10, 1955, *to* 2-7, 1962, *that I last saw the deceased alive on* 1-30, 1967, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 480 (Degree or title) MD
23b. ADDRESS Sandpoint, Idaho
23c. DATE SIGNED 2-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY Lakeview
24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 15, 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER L. G. Moon, Jr.
LICENSE NO. E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 616
Local Reg. No. 30
Reg. Dist. No. 110

RECEIVED MAR 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 409
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 9 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ———
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Christopher
c. (Last): Barton

4. DATE OF DEATH (Month) (Day) (Year): Feb 7 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): ——— 10
8. DATE OF BIRTH: Feb. 7, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 9 Min 10

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ——— 02
10b. KIND OF BUSINESS OR INDUSTRY: ———
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Barton — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Delores Linnemeyer — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ——— (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: ———
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7593

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 8 3/4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital defects including — 8 3/4 hrs
DUE TO (c) 10 dorsal vertebrae + ribs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 7, 1967, *to* Feb 7, 1967, *that I last saw the deceased alive on* Feb 7, 1967, *and that death occurred at* 5:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wilbur C Hayden MD 218
23b. ADDRESS: 514 N 3rd Ave Sandpoint
23c. DATE SIGNED: 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tilchetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 617
Local Reg. No. 26
Reg. Dist. No. 110

Certificate of Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 091 Bonner 205
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1008 Spruce

3. NAME OF DECEASED (Type or Print)
a. (First): Jasper
b. (Middle):
c. (Last): Bitterich

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Bitterich — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Cynthia Johnson — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 519-56-5999 T
17. INFORMANT'S OWN SIGNATURE: Olga Bitterich — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UREMIA – Oliguria — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — 3-4 weeks
DUE TO (c): Arteriosclerotic Heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/1, 1952 *to* 2/7, 1967, *that I last saw the deceased alive on* 1/28, 1967, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lanyon Siemsen 471 MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lakeview
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 17, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. C. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 618
Local Reg. No. 26
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Statistics 305

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY in this place: 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 09
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 2 West Pine St.

3. NAME OF DECEASED (Type or Print): a. (First) Jessie; b. (Middle) E.; c. (Last) Cunningham

4. DATE OF DEATH: (Month) Feb. (Day) 11 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 9, 1888

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander McLean — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Jessie Stewart — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-01-3400 D

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Mrs. Norman Bolstad

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

203X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma, thoracic spine, with paraplegia. — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1/11/67

19b. MAJOR FINDINGS OF OPERATION: Multiple myeloma, 9th. thoracic vertebra.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, *19* 66 *to* Feb. 11, *19*67, *that I last saw the deceased alive on* Feb. 11, *19*67, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert Peterson M.D. 415 (Degree or title)

23b. ADDRESS: Sandpoint, Idaho

23c. DATE SIGNED: 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 16, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb 27 1967

REGISTRAR'S SIGNATURE: Phyllis J. Tillotson

25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 619
Local Reg. No. 29
Reg. Dist. No. 110

RECEIVED MAR 3 1967 Bureau of Vital Stat.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 208
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 7 1/2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 701 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle):
c. (Last): Kjellen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 25, 1878
9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill work 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Neilsen
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unobtainable
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03=5891
17. INFORMANT'S OWN SIGNATURE: X Vivian Smith
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adenocarcinoma Bladder
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Urinary
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* Feb, 1967, *that I last saw the deceased alive on* Feb 14, 1967, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Munson MD 382
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 2-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 620
Local Reg. No. 27
Reg. Dist. No. 110

RECEIVED
MAR 3 1967
Bureau of Vital

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): C.
c. (Last): Rossmann

4. DATE OF DEATH (Month) (Day) (Year): February 16 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 26, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Christian Adolph Rossmann — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Carolina Missen — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-34-5310 A
17. INFORMANT'S OWN SIGNATURE: Joy Anna O'Donnell — ADDRESS:

1621

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic squamous metaplasia — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema — years

19a. DATE OF OPERATION: 11/29/66
19b. MAJOR FINDINGS OF OPERATION: Bronchoscope & biopsy--squamous metaplasia
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1966 *to* Feb. 16, 1967, *that I last saw the deceased alive on* Feb. 16, 1967, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen E. Peterson M.D. 415
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Piencrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 27, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 621
Local Reg. No. 32
Reg. Dist. No. 110

BIRTH NO.

MAR 2 1 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY 091 Bonner 204

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint

c. LENGTH OF STAY (in this place) 4 months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho

b. COUNTY Bonner 091

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint

d. STREET ADDRESS (If rural, give location) 1918 Church St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Anna	Orbidia	Klefstad	Feb.	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	July 29, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Truls Andersen	Norway	Karoline Berget Knudson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-42-5046	Otto Klefstad by L. G. Moon Jr.	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock — INTERVAL BETWEEN ONSET AND DEATH: Few Hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Infarction — 1-2 days

DUE TO (c) Coronary Artery Disease — 1 year

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 6, 1956, *to* Feb 18, 1967, *that I last saw the deceased alive on* Feb 17, 1967, *and that death occurred at* 12:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
471		2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 21, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 4 1967		L. G. Moon, Jr.	E- 405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 622
Local Reg. No. 31
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-1222

RECEIVED MAR 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 091 Bonner 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 722 Church 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 722 Church

3. NAME OF DECEASED (Type or Print)
a. (First): Wayne
b. (Middle): Allan
c. (Last): Decker

4. DATE OF DEATH (Month) (Day) (Year): February 26 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1
8. DATE OF BIRTH: Feb. 10, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days 16; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leroy Decker — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Patty Lou Bean — BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: ——
17. INFORMANT'S OWN SIGNATURE: X Noel R. Tuppeny — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7540

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Tetralogy of Fallot
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: P.K.U. Report 10 Mil.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 10, 1967, *to* Feb 26, 1967, *that I last saw the deceased alive on* Feb 26, 1967, *and that death occurred at* 11 10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wilbur C. Hayden M.D. 218 (Degree or title)
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: 3/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Mar. 13, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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67-1222

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 623
Local Reg. No. 70
Reg. Dist. No. 610

RECEIVED Bureau of Vital Statistics MAR 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 8 yrs. 108
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1252 Sage Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls 101
d. STREET ADDRESS (If rural, give location) 1252 Sage Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARGUERITE	HARSHBARGER	OBREY	January 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	Mar. 17, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record	Denmark	no record	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-10-9141	Harvey Christensen	

330X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) HEMORRHAGE, INTRACEREBRAL, SUBDURAL AND SUBARACHNOID. — INTERVAL BETWEEN ONSET AND DEATH: HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) RUPTURED BERRY ANEURYSM OF THE ANTERIOR CEREBRAL ARTERY, RIGHT — (MINUTES)
DUE TO (c) CONGENITAL DEFECT OF ARTERY

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death
POST*OPERATIVE STATUS, LEFT MASTECTOMY FOR CARCINOMA, LEFT BREAST — 4-5 YEARS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	ALSO GASTRECTOMY, PARTIAL, FOR UGGERS, (REMOTE)	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
NONE		IDAHO FALLS, IDAHO	BONNEVILLE	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Person Certifying)	23b. ADDRESS	23c. DATE SIGNED
Hazel L. McGaffey HAZEL L. MC GAFFEY, M. D. CORONER	2525 SOUTH BOULEVARD AVE.	2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Jan. 23, 1967	Riverview Cemetery	St. Anthony, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jan. 23-1967	Anna Burgess	K. M. Buck	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302A

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 624
Local Reg. No. 41
Reg. Dist. No. 610

RECEIVED MAR 3 1967 Bureau of Vital Statistics

BIRTH NO. 107 145

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
c. LENGTH OF STAY (in this place): 45 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 798 So. Blvd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): 10 mi. East of Ririe

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) (nmi); c. (Last) SCHLUTER

4. DATE OF DEATH (Month) (Day) (Year): February 1, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Oct. 27, 1910

9. AGE (In years last birthday): 56
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman Schluter
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Sarah M. Myers
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-28-3447

17. INFORMANT'S OWN SIGNATURE: Mildred Schluter
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Hour

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Feb. 1, 19 67, *and that death occurred at* 11:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. K. Krantz, M.D.

23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho

23c. DATE SIGNED: Feb. 9, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Ririe-Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23 1967

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: C. M. Maddock

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-630 (1)

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 15 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 24 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 625
Local Reg. No. 37
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 304
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont 221
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ELMER	DAVID	MASON	Feb., 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married 3	June 4, 1911	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self Employed	Parker, Idaho	usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Mason		Sarah Rhodehouse	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	538-18-7867	Virginia Mason	St. Anthony Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Thrombosis cerebral artery — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis obliterans r carotid — 10 yrs

DUE TO (c) Arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Atherosclerotic renal hypertension — 1/2 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Art. Obliterans - abd aorta + left renal artery	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-18, 1967, *to* 2-2, 1967, *that I last saw the deceased alive on* 2-2, 1967, *and that death occurred at* 4:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren T. Sutton (D)	1555 South Blvd. Idaho Falls, Idaho	2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 Feb 67	Parker Cemetery	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 17-1967	Verna Budge	M L Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

KRANTZ

Certificate of Death

STATE OF IDAHO

State File No. 626
Local Reg. No. 36
Reg. Dist. No. 610

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY BONNEVILLE 101
b. CITY OR TOWN IDAHO FALLS 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. HOSPITAL 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY BONNEVILLE 101
c. CITY OR TOWN IDAHO FALLS
d. STREET ADDRESS (If rural, give location) 904 North Boulevard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HATTIE	LUELLA	RAPP CONNELL	~~Jan~~ Feb. 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Jan 4, 1893	74	0	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		SAlt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard E. Rapp		Catherine C. Bellon	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Verna Berrett	915 Ada Ave. Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

491X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ~~Pulmonary Fibrosis~~,
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Fibrosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 7, 19 65, *to* Feb. 2, 19 67, *that I last saw the deceased alive on* Feb. 2, 1967, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L. K. Krantz, M.D.	798 South Blvd. Idaho Falls, Idaho	Feb. ,1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 6,1967	Pioneer Cemetery	Rigby, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 17-1967	Verna Berrett	Leo A. Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 2 9 19??

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended March 8, 1967

Certificate of Death

STATE OF IDAHO

State File No. 627
Local Reg. No. 32
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 404
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 200 2nd Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	E.	Edwards	February 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	March 14, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fruit Raiser 04	Orchards	Central Square, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	USA	Unknown	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		530-20-5495	Harold Dale	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Thrombosis, (Arterial), Bilat. — INTERVAL BETWEEN ONSET AND DEATH: Recent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspergillosis, cavitary, lung, left upper lobe — 1-2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pectum Cavum, Severe, Congenital With Thoracic Deformity — Lifetime

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1-23-67	Brachial Arterial Embolus, Recent (Removed)	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		Idaho Falls Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold L. McDaffen M.D. 342	2525 South Boulevard, Idaho Falls	2/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-6-67	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 7, 1967	Anna Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Increasing Left upper lobe lesion by X-Ray during Dec 1966 + Jan 1967 Hmcd

TO: Hazel McGaffey, M. D. MAR 3 1967 DATE: 2-27-67

FROM: Fritz R. Dixon, M. D.

_____	for your information & retention or disposal		
x	per conversation	_____	note & return
_____	as requested	_____	note & see me
_____	comment & approval & return	_____	note & file
_____	investigate & report	_____	necessary action
_____	prepare for signature of		

REMARKS:

As we discussed on the telephone last week, would you please sign and date the attached death certificate. Perhaps you would also complete the interval space regarding the aspergillosis. From his history, you may wish to make note of the 1932 dx of pulmonary tuberculosis.

Thank-you.

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 32
Reg. Dist. No. 6/6

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
FEB 2 3 1967
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 200 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	E.	Edwards	February 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	March, 14, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Fruit Raiser	Orchards	Central Square, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	USA	Unknown	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	530 20 5495	Howell Dale	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	PULMONARY THROMBOSIS, (ARTERIAL), BILAT.	RECENT
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	PULMONARY TUBERCULOSIS, CAVITARY, ACTIVE, LEFT UPPER LOBE, LUNG	1-2 WEEKS Dx'd 1932
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	PECTUM CAVUM, SEVERE, CONGENTITAL WITH THORACIC DEFORMITY	LIFETIME

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/23/67	BRACHIAL ARTERIAL EMBOLUS, RECENT (REMOVED).	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
NONE		IDAHO FALLS BONNEVILLE IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel L. McGaffey M.D. CORONER	2525 South Boulevard, Idaho Falls, Idaho	2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/6/67	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 7 1967	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

DISINTERMENT PERMIT

IDAHO STATE BOARD OF HEALTH

BOISE, IDAHO

APPLICATION HAVING BEEN MADE for the disinterment of the body of Frank E. Edwards

now lying buried in Fielding Memorial Park Cemetery, in the City or Town of Idaho Falls

County of Bonneville State of Idaho, who died on the 3 day of February, 967, Aged 71 years ____ months ____ days, the cause of death being Pulmonary thrombosis and not directly or indirectly by diphtheria; (membranous croup); scarlet fever; smallpox; leprosy; asiatic cholera; typhus fever or yellow fever as shown by the certificate of death of said deceased, given by

Hazel L. McGaffey attending physician

THIS IS TO CERTIFY that permission is hereby given for such disinterment and removal by Railway private or railway conveyance

to Hillside Cemetery in the City or Town of Central Square County of Oswego

State of New York to take effect upon the approval by the local board of health of the City, Town, or County of Bonneville it being understood and provided that nothing herein shall be deemed as contravening or in anywise modifying or releasing the Regulations of the State Board of Health governing the Transportation of corpses or the requirements for a Transportation permit, and all Transportation Companies and Common Carriers will be governed accordingly; and provided further, that where the disinterment is for the purpose of reinterment in another part of the same cemetery, or in a contiguous cemetery, the removal shall not be made by any public conveyance. The disinterment and removal must be done under the personal supervision of a licensed Embalmer in good standing. If the remains are to be removed from the cemetery they (including the disinterred casket), must be enclosed in a new metallic lined outer case before removal.

Given under my hand and Seal of the State Board of Health at Boise, Idaho,

this 28th day of September, A.D. 1967.

Permit issued to:
Jack A. Wood, Jr.
Wood Funeral Home
Idaho Falls, Idaho

W. W. Benson
by [signature] Director, Division of Vital Statistics

The foregoing application for disinterment and removal is hereby approved by the local Board of Health of the City, Town or County of _____ State of Idaho, this _____ day of _____, 19__.

_____
Health Officer

FORM BH 56-019

MAR 1 3 1990

TITLE 39, CHAPTER 2, VOL. 7 OF THE IDAHO CODE

"Sec. 39-211. No body shall be disinterred within the State of Idaho except upon a permit granted by the State Board of Health. The forms of disinterment permits shall be prepared by the State Board of Health. Disinterment and removal must be done under the personal supervision of a licensed embalmer, and must be done at an hour when there is the least possible exposure. Only such persons as are actually necessary shall be present. The coffin shall not be opened either at place of disinterment or place of destination, except special permit be issued by the State Board of Health. And in case of disinterment of bodies dead by reason of contagious and infectious diseases, as shown by the certificate of death given by the attending physician, the sexton and all other persons engaged in such removal or being present shall immediately thereafter change their clothing and properly disinfect their hands, head and face, provided, that such disinterment may also be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every permit: provided, also, that in case of any contagious and infectious disease where remains are to be shipped to points in other states, permission must first be obtained from the Secretary of State Board of Health of such State. The State Board of Health may also issue a special disinterment permit for legal purposes. This permit for legal purposes shall be granted only upon application of a prosecuting attorney or the Attorney General of this State, stating therein such facts which make it evident to the State Board of Health that the ends of justice require that disinterment be permitted. Such special disinterment for legal purposes shall be governed by rules and regulations promulgated by the State Board of Health and a synopsis of the same shall be printed on the back of every such special disinterment permit for legal purposes."

State File No. 628
Local Reg. No. 35
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe, rural
c. LENGTH OF STAY (in this place): 18 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 1/2 mi. South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 100
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe, rural
d. STREET ADDRESS (If rural, give location): 2 1/2 mi. South

3. NAME OF DECEASED (Type or Print)
a. (First): KEE
b. (Middle): (nmi)
c. (Last): WESLEY

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: male
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Mar. 31, 1930
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Arizona
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley — BIRTHPLACE: Arizona
14. MOTHER'S MAIDEN NAME: Loretta Dick — BIRTHPLACE: Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Thomas Wesley — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): INTRACEREBRAL HEMORRHAGE, RIGHT OCCIPITAL LOBE.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): VASCULAR HYPERTENSION.

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP): IDAHO FALLS — (COUNTY): BONNEVILLE — (STATE): IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ P m., from the causes and on the date stated above.*

23a. SIGNATURE: Hazel L. McGaffey M.D. (Degree or title): HAZEL L. McGAFFEY, M. D. CORONER 4 WT 340
23b. ADDRESS: 2525 SOUTH BOULEVARD
23c. DATE SIGNED: 2/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Leupp Cemetery
24d. LOCATION (City, town, or county) (State): Leupp, Arizona

DATE REC'D BY LOCAL REG.: Feb. 23-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician FOUND DEAD IN BUNKHOUSE AT FRRM OF MR. EARL HUNTER, RIRIE

NO EVIDENCE OF TRAUMA OR FOUL PLAY. SEEN BY PHYSICIAN DURING PREVIOUS EVENING.

HLM

Certificate of Death

STATE OF IDAHO

State File No. 629
Local Reg. No. 38
Reg. Dist. No. 610

BIRTH NO. for Jewell 67-1262

RECEIVED FEB 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls 010
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1451 First St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BARBARA		DEAL	Feb 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	infant 1	Feb. 10, 1967				4	1-2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
infant 02		Idaho Falls, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger Alan Deal	Uniontown, Penna	Lucy Jane Schafer	Uniontown, Penna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Roger A. Deal	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 7735 Cardio-Respiratory failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c) Hydramnios — Twins

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 10, 1967, *to* Feb 10, 1967, *that I last saw the deceased alive on* Feb 10, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Philip N. Leamon 302 MD	Idaho Falls, Idaho	2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 11, 1967	Private Property	Bonneville, County, Idah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 17 1967	Anna Rudgers	Leo A Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-1262

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-1255
BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 630
Local Reg. No. 84
Reg. Dist. No. 616

RECEIVED MAR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls 303
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 568 Davidson Drive

3. NAME OF DECEASED (Type or Print): a. (First) Dean b. (Middle) Keven c. (Last) Alcorn

4. DATE OF DEATH (Month) (Day) (Year): February 11 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: February 8, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 3 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 0002

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gary E. Alcorn
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Marjorie Ann Green
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Gary E. Alcorn ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congenital heart 7545

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic valve stenosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton O Johnson MD (Degree or title)

23b. ADDRESS: 1748 Jefferson - Idaho Falls Idaho

23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/16/67

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: Feb. 21-1967

REGISTRAR'S SIGNATURE: Lena Rodgers

25. EMBALMER: Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302A

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-1255

Certificate of Death

STATE OF IDAHO

State File No. 631
Local Reg. No. 45
Reg. Dist. No. 610

RECEIVED MAR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 01 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saint Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Basalt
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pearl	Amelia	Olsen Christensen	Feb.	12	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 3 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Hyrum utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oluf Peter Olsen	Denmark	Annie Christena Danielsen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-40-0425	Vern Christensen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial infarction — 3 hrs
DUE TO (c) Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 28 67 *to* Feb 12 67 *that I last saw the deceased alive on* Feb 12 67 *and that death occurred at* 9:30 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 339 (Degree or title)	[signature]	2/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2.17.67	Basalt Cemetery	Basalt Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 23 - 67	[signature]	Lloyd M Nalder	E 275

FIRM NAME: Nalder Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 632
Local Reg. No. 47
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Extended Care Unit 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson 260
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print): a. (First) Jesse b. (Middle) Jacob c. (Last) Wheeler

4. DATE OF DEATH: (Month) February (Day) 13, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married S

8. DATE OF BIRTH: March 8, 1885

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Levi Wheeler — BIRTHPLACE: Masschusetts

14. MOTHER'S MAIDEN NAME: Sarah Jane Lavender — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease — 10 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1966, *to* February 13, 1967, *that I last saw the deceased alive on* 2/12, 1967, *and that death occurred at* 7:15 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 521 Odon Hall, M.D.

23b. ADDRESS: Rigby Idaho

23c. DATE SIGNED: 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/15/67

24c. NAME OF CEMETERY OR CREMATORY: Ririe Shelton Cemetery

24d. LOCATION (City, town, or county) (State): Ririe Idaho

DATE REC'D BY LOCAL REG.: Feb. 21-1967

REGISTRAR'S SIGNATURE: Elma Rudges

25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63071

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

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1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 633
Local Reg. No. 46
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2 Box 224

3. NAME OF DECEASED (Type or Print)
a. (First): Geneva
b. (Middle): M.
c. (Last): Russell

4. DATE OF DEATH (Month) (Day) (Year): February 13 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: February 11, 1921
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Malta, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert Leon Hawker — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Ema Garn — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Charles Russell — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 157X Acute Hepatic Necrosis — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute-Sub. Pancreatitis — weeks
DUE TO (c) Adenoca Pancreas — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Jan 67
19b. MAJOR FINDINGS OF OPERATION: Pancreatic Carcinoma
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Jan, 1967, *to* death, *that I last saw the deceased alive on* 13 Feb 67, 1911 00, *and that death occurred at* 6 00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Thomas Hoyt 230 (Degree or title) MP
23b. ADDRESS: 539 - 2 St
23c. DATE SIGNED: 15 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/17/67
24c. NAME OF CEMETERY OR CREMATORY: Annis Cemetery
24d. LOCATION (City, town, or county): Jefferson County (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 21-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 0 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 634
Local Reg. No. 50
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAR 7 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gibbonsville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): Glen
c. (Last): Neyman

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Oct. 20, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction work 11
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Roberts, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Glenn H. Neyman — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lillie Larson — BIRTHPLACE: Melville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-16-5002
17. INFORMANT'S OWN SIGNATURE: Harold F. Neyman — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5811

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic Coma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis of the liver
DUE TO (c) Alcoholism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Nielsen 390 MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 635
Local Reg. No. 52
Reg. Dist. No. 610

Certificate of Death

RECEIVED STATE OF IDAHO

MAR 7 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF DEATH (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) R#2 Shelley,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle)
c. (Last) Unsworth

4. DATE OF DEATH (Month) Feb (Day) 14 (Year) 67

5. SEX Male
6. COLOR OR RACE Whiet
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec 1, 1880
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hyrum, Utah
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME James Unsworth — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Alice Cockshot — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-42-8085 A
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* 2/14, 1967, *that I last saw the deceased alive on* 2/14, 1967, *and that death occurred at* 8:17 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 418 (Degree or title)
23b. ADDRESS Shelley, Idaho
23c. DATE SIGNED 2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-10-67
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) Idaho Falls, Bonneville (State) Idaho

DATE REC'D BY LOCAL REG. March 1-1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature] LICENSE NO. E275
FIRM NAME: Malder's

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 22 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 636
Local Reg. No. 48
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Stat.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 155
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 55 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 420 W. 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): DORA
b. (Middle): LEONA
c. (Last): BRAY

4. DATE OF DEATH (Month) (Day) (Year): February 16, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Mar. 12, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James M. Caudle — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Minerva I. Draper — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-14-1328A
17. INFORMANT'S OWN SIGNATURE: Edwin R. Bray — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10-54 *19*___, *to* 2-16-67, *19*___, *that I last saw the deceased alive on* 10-11-, *19*67, *and that death occurred at* 12:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John C. Miller 348 (Degree or title) MD
23b. ADDRESS: 550 Fourth St.
23c. DATE SIGNED: 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: Feb. 25-67
REGISTRAR'S SIGNATURE: Anna Bredges
25. EMBALMER: R. W. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 637
Local Reg. No. 53
Reg. Dist. No. 610

BIRTH NO.

MAR 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 107 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF TIME (If in place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Levi
b. (Middle): Garrett
c. (Last): Leatham

4. DATE OF DEATH (Month) (Day) (Year): Feb 17 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 8 Nov 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retried Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Wellsville Utah
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Robert Alexander Steel — BIRTHPLACE: Leatham
14. MOTHER'S MAIDEN NAME: Rachel Currie Garrett — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---------- (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO.: % 519-40-4168
17. INFORMANT'S OWN SIGNATURE: Calvin Leatham — ADDRESS: Royal City Nebsk.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2043

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myelocytic Leukemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* 2/17, 1967 *that I last saw the deceased alive on* 2/7, 1967, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wendell Petty 418 (Degree or title) MD
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-22-67
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: March 1-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Lloyd M Nalder — LICENSE NO. E 275

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

SEP 30 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 638
Local Reg. No. 55
Reg. Dist. No. 610

Certificate of Death

RECEIVED
MAR 7 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 260
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): Route #1 Box 40-B

3. NAME OF DECEASED (Type or Print)
a. (First): DEAN
b. (Middle): DEWITT
c. (Last): MARTIN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 11, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher and Potato Plant
10b. KIND OF BUSINESS OR INDUSTRY: 04
11. BIRTHPLACE (State or foreign country): Dempsey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David A. Monroe Martin — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elene Augusta Byington — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: 519 28 2623
17. INFORMANT'S OWN SIGNATURE: Gary T. Martin — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1967, *to* 2-18, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 3:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S. McMillan Mr. 348 (Degree or title)
23b. ADDRESS: 550 Fourth St
23c. DATE SIGNED: 2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lava Hot Springs Cem.
24d. LOCATION (City, town, or county) (State): Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.: March 2-67
REGISTRAR'S SIGNATURE: Anna Budgee
25. EMBALMER: Conway Grant — LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 5 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 639
Local Reg. No. 54
Reg. Dist. No. 6/0

RECEIVED MAR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 290 - 6th Street

3. NAME OF DECEASED (Type or Print) a. (First) PAUL b. (Middle) THEODORE c. (Last) PETERSON

4. DATE OF DEATH (Month) (Day) (Year) February 19, 1967

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH Jan. 30, 1892

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lawyer 16

10b. KIND OF BUSINESS OR INDUSTRY Pvt. Practive

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Gustave T. Peterson
BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Annie Peterson
BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service) W.W. I 3 2

16. SOCIAL SECURITY NO. 518-44-9347

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion, laceration and Subdural Hematoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 04

21c. (CITY, TOWN, OR TOWNSHIP) Idaho Falls (COUNTY) Bonneville 101 (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 7 1967 7:55 p.m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Struck by car

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 2/19, 1967, *that I last saw the deceased alive on* 2/19, 1967, *and that death occurred at* 5:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 546 (Degree or title)

23b. ADDRESS Idaho Falls

23c. DATE SIGNED Idaho

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE FEb. 21, 1967

24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery

24d. LOCATION (City, town, or county) Idaho Falls, Idaho (State)

DATE REC'D BY LOCAL REG. Feb. 28-1967

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER [signature]

LICENSE NO. E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 640
Local Reg. No. 56
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 7 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence: 300 East 13th 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 300 E. 13

3. NAME OF DECEASED (Type or Print)

a. (First): EVAN
b. (Middle): GRANT
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 20, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Oct. 1, 1918

9. AGE (In years last birthday): 48
IF UNDER 1 YEAR — Months: 4 Days: 19
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Baltzar Peterson
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Marinda Clayton
BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-2303

17. INFORMANT'S OWN SIGNATURE: Florence Peterson Moore
ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3222

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): alcoholism

DUE TO (c): deground

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John S Peterson MD (Degree or title)

23b. ADDRESS: Idaho Falls Idaho

23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur 3

24b. DATE: 2/25/67

24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: March 3-1967

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: Geo A. Williams

LICENSE NO.: E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

MAY 2 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 15 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 641
Local Reg. No. 49
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 284 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Clark
c. (Last): Perry

4. DATE OF DEATH (Month) (Day) (Year): February 20 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 9, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Springville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Martin Perry — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Eliza Jane Clark — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Vesta Perry — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: terminal

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease — 2-3 mo
Congestive heart disease — 2-3 mo
DUE TO (c) Carcinoma prostate — 1 mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Oslo arthritis both hips — several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 20, 1967, *to* Feb 20, 1967, *that I last saw the deceased alive on* Feb 19, 1967, *and that death occurred at* 2:46 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H E Guzzett MD 194 (Degree or title)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/67
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county): Idaho Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: Feb. 25-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood Ralph M Wood — LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

DUTIES:

APR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 20 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended April 10, 1967

RECEIVED APR 10 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 642
Local Reg. No. 58
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Gilbert	Waters	February 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan 22, 1914	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 86		Ammon, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Webster Waters	Salina, Utah	Bessie Louise Shupe	Weston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	720-05-5681		

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriolar Nephrosclerosis with Uremia — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-28, 19 61, *to* 2-21, 19 67, *that I last saw the deceased alive on* 2-21, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
546	Idaho Falls Idaho	4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-24-67	Hill Crest	Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-4-1967	Anna Bridges	L. M. Nalder	E275

FIRM NAME: Nalder Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 642
Local Reg. No. 58
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Gilbert
c. (Last): Waters

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 22 1914
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ammon, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Webster Waters — BIRTHPLACE: Salina, Utah
14. MOTHER'S MAIDEN NAME: Bessie Louise Shupe — BIRTHPLACE: Weston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 720 03 5681
17. INFORMANT'S OWN SIGNATURE: Wilma S. Waters — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Disease
ANTECEDENT CAUSES: Arteriolar Nephrosclerosis with Uremia
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-28, 1961, *to* 2/22, 1967, *that I last saw the deceased alive on* 2/22, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 2/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-24-67
24c. NAME OF CEMETERY OR CREMATORY: Hill Crest
24d. LOCATION (City, town, or county) (State): Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.: March 4-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Lloyd McNalder — LICENSE NO.: E 275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 20 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 643
Local Reg. No. 57
Reg. Dist. No. 610

RECEIVED MAR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter day Saints Hospital 0462

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 326 East 17th Street

3. NAME OF DECEASED (Type or Print): a. (First) Winifred b. (Middle) Catherine c. (Last) Irwin

4. DATE OF DEATH: (Month) (Day) (Year): February 22 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: March 17, 1904
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Wall — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Katherine Shea — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Naoma Swarn — ADDRESS: 326 E. 17th Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 296X Thrombotic Thrombocytopenic Purpura — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 15, 1966, *to* Feb 22, 1967, *that I last saw the deceased alive on* Feb 22, 1967, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Bryant Weeks 556 (Degree or title) MD
23b. ADDRESS: 1585 So Boulevard
23c. DATE SIGNED: 2-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 4-67
REGISTRAR'S SIGNATURE: Anna Burgess
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630(1)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 7 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 644
Local Reg. No. 51
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 264 So. Water Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLYDE	DEE	MARTIN	February 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	Aug. 11, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
conductor 10	railroad	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John W. Martin	W. Virginia	Rosina McCrillis	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	700-01-2954A	X Ida E. Glanzmann	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Recurrent Myocardial Infarction	2 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Generalized Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cerebro-vascular accident	4 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1964, *to* February, 1967, *that I last saw the deceased alive on* Feb. 15, 1967, *and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey A. Hatch 208 M.D.	Idaho Falls, Idaho	Feb. 25, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb. 24, 1967	Provo City Cemetery	Provo, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 28-1967	Lura A. Rudgers	J. N. Mallock	E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Harv. Hatch M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 22 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 645
Local Reg. No. 59
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 159 College

3. NAME OF DECEASED (Type or Print)
a. (First): Marie
b. (Middle): Aslagsen
c. (Last): Hanson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 12, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 11, Days 10 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stavanger, Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Michael Aslagsen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Theresa Nord — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Anna Hanson Jr. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Artero-sclerotic heart disease — years
DUE TO (c): Diabetes mellitus — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured left hip — June 1966

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Hip pinned June 1966 —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* Feb 22, 1967, *that I last saw the deceased alive on* Feb 16, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hoyt B. Woolley M.D. 641
23b. ADDRESS: 195 So Skyline Idaho Falls
23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 3-1967
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: Lee A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-66021
FIRM NAME: Williams Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 646 67
Local Reg. No. 610
Reg. Dist. No.

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN: Idaho Falls
(If outside corporate limits, write RURAL and give township)
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 888 J St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Alma	Skinner Jr.	Feb 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Married 3	July 26, 1890	76	6	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Naunan, Bear Lake, Idaho
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Joseph Alma Skinner Sr. BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Cathern Maryetta Hunter BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dean D Skinner ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSclerosis — year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 21, 19 63, *to* Feb. 21, 19 67, *that I last saw the deceased alive on* Feb. 21, 19 67, *and that death occurred at* 6:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L. K. Krantz, M.D.	798 South Blvd. Idaho Falls, Idaho	March, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem & Burial	Feb 28, 1967	Bedford Cemetery	Bedford, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 10- 1967	Anna Rudges	Lee A. Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 647
Local Reg. No. 60
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
MAR 7 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 11 mo. 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 635 L Street

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) LeRoy c. (Last) Fouts

4. DATE OF DEATH: (Month) (Day) (Year): February 25 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: November 9, 1901

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 65

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 21

10b. KIND OF BUSINESS OR INDUSTRY: Barber Shop

11. BIRTHPLACE (State or foreign country): Ballard, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank M. Fouts — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Jestie Downs — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: unknown

17. INFORMANT'S OWN SIGNATURE: Jordan H. Cox — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis
DUE TO (c) Carcinoma Pancreas

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1537

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Wendell L. Nielsen — (Degree or title): M.D. — **23b. ADDRESS**: Idaho Falls — **23c. DATE SIGNED**: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/27/67

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 4-1967

REGISTRAR'S SIGNATURE: Irma Burgess

25. EMBALMER: Ralph M. Wood — Ralph M. Wood — **LICENSE NO.**: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 22 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 648
Local Reg. No. 63
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 302
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 4 Box 125

3. NAME OF DECEASED (Type or Print): a. (First) Nadine; b. (Middle); c. (Last) Bush

4. DATE OF DEATH: (Month) February (Day) 26 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 1, 1937

9. AGE (In years last birthday): 29
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 17

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Fred Moser
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Alice Crowley
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Kenneth W. Bush
ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pyelonephritis — INTERVAL BETWEEN ONSET AND DEATH: Days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ureteral Obstruction

DUE TO (c) Adenocarcinoma Cervix — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Dec, 19 66 *to* death, 19 ___, *that I last saw the deceased alive on* 26 Feb, 19 67, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 230 (Degree or title) MD

23b. ADDRESS: 539 - 2nd St

23c. DATE SIGNED: 4 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/1/67

24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery

24d. LOCATION (City, town, or county) (State): Rexburg, Idaho

DATE REC'D BY LOCAL REG.: March 9-67

REGISTRAR'S SIGNATURE: Anna Bridge

25. EMBALMER: Ralph M. Wood [signature]

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 649
Local Reg. No. 8-67
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary 110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Star Route #2

3. NAME OF DECEASED (Type or Print): a. (First) RAY; b. (Middle) (NONE); c. (Last) BROWN

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 7, 1894

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Brant, Michigan

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Walter S. Brown
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Rosie Smith
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-05-4610

17. INFORMANT'S OWN SIGNATURE: Walter B Brown ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Asthma + Emphysema — INTERVAL BETWEEN ONSET AND DEATH: Months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 60, *to* 2/12, 19 67, *that I last saw the deceased alive on* 2/12, 19 67 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Bonners Ferry

23c. DATE SIGNED: 2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/16/67

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: Feb. 18, 1967

REGISTRAR'S SIGNATURE: Dwight Stone

25. EMBALMER: [signature]

LICENSE NO.: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 650
Local Reg. No. 9-67
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Boundary 110
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Turner Hill Road-P. O. Box #562

3. NAME OF DECEASED (Type or Print) a. (First) AUGUST b. (Middle) LEONARD c. (Last) NIMZ

4. DATE OF DEATH (Month) (Day) (Year) February 24, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH October 6, 1876
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Berlin, Germany
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME BIRTHPLACE UNKNOWN
14. MOTHER'S MAIDEN NAME BIRTHPLACE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-46-2751
17. INFORMANT'S OWN SIGNATURE Carl Nimz ADDRESS Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonitis — INTERVAL BETWEEN ONSET AND DEATH 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 yrs
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/11, 1967, *to* 2/24, 1967, *that I last saw the deceased alive on* 2/24, 1967, *and that death occurred at* 1:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Gordon Dawson (Degree or title) MD
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 2/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/27/67
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 3/1/67
REGISTRAR'S SIGNATURE Imogene Stone
25. EMBALMER Charles Nelson
LICENSE NO. E-453
FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 15 1967 Bureau of Vital Stat.

Certificate of Death

STATE OF IDAHO

State File No. 651
Local Reg. No. 2
Reg. Dist. No. 670

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Butte 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte 120
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Darlington
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LEALON	ELROY	DUNNAGAN	Feb. 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 28, 1891	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06	None	Hillsboro, Texas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henry Dunnagan	Ft. Smith, Ark.	Lucy Ellen Adams	Little Rock, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	521-18-8617	X John Dunnagan	Idaho Darlington,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4208

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Edema & Congestion — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 1 mo
DUE TO (c) Arteriosclerotic Heart Disease — 2-3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 29, 1967, *to* 2-2, 1967, *that I last saw the deceased alive on* 2-2, 1967, *and that death occurred at* 6:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R T Barton	031 MD	Arco Ida.	2-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-9-67	Hillcrest Cemetery	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 12-1967	Betty J. Marvel	C. H. Marvel	E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

DUTIES:

FEB 16 1967

MAR 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 652
Local Reg. No. 48
Reg. Dist. No. 363

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 121
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 21 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital 652

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia 160
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Ray
c. (Last): Critchfield

4. DATE OF DEATH (Month) Jan. (Day) 24 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: July 21, 1926
9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ray Critchfield — BIRTHPLACE: Oakley, Idaho
14. MOTHER'S MAIDEN NAME: Anona Severe — BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

3561

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2d

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) respiratory muscle failure — 2 yr.
DUE TO (c) amyotrophic lateral sclerosis — 20 yr.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* splenomegaly

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July 1, 1960, *to* Jan 24, 1967, *that I last saw the deceased alive on* Jan 23, 1967, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 545 (Degree or title) M.D.
23b. ADDRESS: Box 47 Nampa, Idaho
23c. DATE SIGNED: Jan 25, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Jan. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ogden City Cemetery
24d. LOCATION (City, town, or county) (State): Ogden, Utah

DATE REC'D BY LOCAL REG.: Feb. 24, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: E-487

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 653
Local Reg. No. 45
Reg. Dist. No. 360

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 031

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Kansas 17
b. COUNTY: Morris 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council Grove, Kansas
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): A
c. (Last): RUMOLD

4. DATE OF DEATH (Month) (Day) (Year): 2 1 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 17, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 8, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Dickinson, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert A. Bartschinger — BIRTHPLACE: Switserland
14. MOTHER'S MAIDEN NAME: AnnaGeretenberger — BIRTHPLACE: Prussia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 514-48-4267
17. INFORMANT'S OWN SIGNATURE: x Mrs Oral Kraus — ADDRESS:

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARDIAC ARRHYTHMNIA, type undet. — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
POST-OPERATIVE 36 hrs colon resection

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: DIVERTICULITIS SIGMOID WITH SIGMOID-VESICLE FISTULA
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* early Jan, 1967, *to* 1 Feb, 1967, *that I last saw the deceased alive on* 31 Jan, 1967, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald D. Price 424 (Degree or title) MD
23b. ADDRESS: Caldwell, Ida
23c. DATE SIGNED: 2/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/1/1967
24c. NAME OF CEMETERY OR CREMATORY: Council Grove
24d. LOCATION (City, town, or county) (State): Council Grove, Ksnsas

DATE REC'D BY LOCAL REG.: 2-10-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Lucy M. Flahiff — LICENSE NO. E393
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 0 2 2009

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 654
Local Reg. No. 35
Reg. Dist. No. 342

BIRTH NO.

RECEIVED MAR 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624-14th. Ave. South

3. NAME OF DECEASED (Type or Print): a. (First) AGNES b. (Middle) HELMAN c. (Last) MASSEY

4. DATE OF DEATH (Month) (Day) (Year): February 2, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 15, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home makeing
11. BIRTHPLACE (State or foreign country): Berea Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Helman — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Frances Julia Ackley — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 09 6767B
17. INFORMANT'S OWN SIGNATURE: Family Records - Jane Stack — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 411 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Stenosis — 15 yrs
DUE TO (c): Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-21, 1949, *to* 2-2, 1967, *that I last saw the deceased alive on* 2-1, 1967, *and that death occurred at* 7:10A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: I C Horton 245 M.D. (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell Idaho

DATE REC'D BY LOCAL REG.: March 5 1967
REGISTRAR'S SIGNATURE: Jane Stack
25. EMBALMER: William R. Wing Jr.
LICENSE NO.: E-513
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 39
Reg. Dist. No. 362

BIRTH NO. - FEB 2 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 624 14th Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) Agnes b. (Middle) Helman c. (Last) Massey

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 15, 1887

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Berea, Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Edward Helman
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Frances Julia Ackley
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-09-6767B

17. INFORMANT'S OWN SIGNATURE: X Julia M. Helman
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Stenosis
DUE TO (c): Rheumatic Fever

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-21, 1949, *to* 2-2, 1967, *that I last saw the deceased alive on* 2-1, 1967, *and that death occurred at* 7:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE: I C Hanlon 245 (Degree or title) MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Feb. 17 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wood, Jr.
LICENSE NO.: E-513
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 655
Local Reg. No. 60
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hosp. 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 211-16th Ave South

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Walter
c. (Last): Selby

4. DATE OF DEATH (Month) (Day) (Year): February 3, 1967.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 23,1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Boone County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harrison Selby — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Clarissa Dickison — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 543-26-5911A
17. INFORMANT'S OWN SIGNATURE: Mrs. Doris Chitwood — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular disease with Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-31-67
19b. MAJOR FINDINGS OF OPERATION: Enlarged Prostate with obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1962, *to* Feb, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 115 (Degree or title)
23b. ADDRESS: Nampa Ida
23c. DATE SIGNED: 3-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: Mar. 8, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: William R. Wise, Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 656
Local Reg. No. 61
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1212 4th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): Merwin
b. (Middle): Lewis
c. (Last): Summers

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: July 10, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home 01
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Calvin Summers — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lettie Connor — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Neva Harper — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia (Aspiration) — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 5 days
DUE TO (c) Benign Prostatic Hyperbrophy — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1-26-67
19b. MAJOR FINDINGS OF OPERATION: Benign Prostatic Hyperbrophy
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep Thirty 1960 *to* Feb, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 115 (Degree or title)
23b. ADDRESS: [signature]
23c. DATE SIGNED: 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State): Canyon County, Idaho

DATE REC'D BY LOCAL REG.: March 9, 1967
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: [signature]
LICENSE NO.

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 657
Local Reg. No. 43
Reg. Dist. No. 362

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITON HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1511 7th. STREET NORTH

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): ARNO
c. (Last): HARBIN

4. DATE OF DEATH (Month) (Day) (Year): FEB. 4, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: OCT. 25, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR Months: 3 Days: 9 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED SWITCHMAN
10b. KIND OF BUSINESS OR INDUSTRY: U.P. RAIL ROAD
11. BIRTHPLACE (State or foreign country): WICHITA, KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: EDWARD HARBIN 10 — BIRTHPLACE: NO/record
14. MOTHER'S MAIDEN NAME: SALLIE HOIN — BIRTHPLACE: NO/RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WWI 5
16. SOCIAL SECURITY NO.: 712-05-6379A
17. INFORMANT'S OWN SIGNATURE: Gertrude Harbin — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary Artery Disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Mild Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/25, 1966, *to* 2/4, 1967, *that I last saw the deceased alive on* 2/4, 1965, *and that death occurred at* 6 10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: J K Mangum MD 322 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-7-1967
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE MEMORIAL
24d. LOCATION (City, town, or county) (State): BOISE, ADA IDAHO

DATE REC'D BY LOCAL REG.: Feb. 20 1967
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

APR 7 1967

NOV 22 1968

FEB 2 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.
2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.
3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 658
Local Reg. No. 37
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

FEB 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1709 3dr. St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY
b. (Middle): MABEL
c. (Last): KING

4. DATE OF DEATH (Month) 2 (Day) 4 (Year) 67

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 11, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nodway County, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Marian Thurman — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary McCalla — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: X Mrs Carl Winterfeld — ADDRESS

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio-Vascular - Renal Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mental Deterioration

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24-, 1961, *to* 2-4-, 1967, *that I last saw the deceased alive on* 12-3-, 1966, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesele M.D. 560 (Degree or title)
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 2-7-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/5/67
24c. NAME OF CEMETERY OR CREMATORY: Fairlawn Cemetery
24d. LOCATION (City, town, or county) (State): Hutchinson, (Reno Co. Kansas

DATE REC'D BY LOCAL REG.: Feb. 9, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature]
LICENSE NO.: F-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 659
Local Reg. No. 47
Reg. Dist. No. 360

BIRTH NO.

RECEIVED FEB 15 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1421 Dearborn St.

3. NAME OF DECEASED (Type or Print): a. (First) Arthur b. (Middle) I. c. (Last) Myers

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 4, 1881

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agency 24

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Myers
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Amanda
BIRTHPLACE: Mass.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-36-1083

17. INFORMANT'S OWN SIGNATURE: x Mrs. A. I. Myers
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis with Cerebral — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Circulatory insufficiency
DUE TO (c) Pneumonia — 2 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Suspected Carcinoma of the prostate — 6 months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* _____, 19____, *that I last saw the deceased alive on* Feb 5, 1967, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Chas E Kerrick 280 (Degree or title) MD

23b. ADDRESS: 1819 Ellis St. Caldwell Idaho

23c. DATE SIGNED: 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-14-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Kenneth E. Spence E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 25 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 660
Local Reg. No. 38
Reg. Dist. No. 362

Certificate of Death

RECEIVED FEB 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1003-9th St. So.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Shintaro
c. (Last): Ishihara

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1967

5. SEX: Male
6. COLOR OR RACE: Japanese
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 24, 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce buyer 06
10b. KIND OF BUSINESS OR INDUSTRY: Produce
11. BIRTHPLACE (State or foreign country): Port Blakley, Washingotn
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Ishihara — BIRTHPLACE: Japan
14. MOTHER'S MAIDEN NAME: Shin Hayami — BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-30-1066
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): UREMIA WITH IRREVERSIBLE SHOCK — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): PROSTATIC HYPERTROPHY WITH OBSTRUCTION
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28-, 1952, *to* 2-5-, 1967, *that I last saw the deceased alive on* 2-5-, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 454 (Degree or title): MD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Port Blakley Cemetery
24d. LOCATION (City, town, or county) (State): Port Blakley, Washington

DATE REC'D BY LOCAL REG.: Feb. 9 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 661
Local Reg. No. 4
Reg. Dist. No. 360

BIRTH NO.

FEB 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 1mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) ZELLA b. (Middle) O.M. c. (Last) RICHESIN

4. DATE OF DEATH: (Month) 2 (Day) 6 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 26, 1880
9. AGE (In years last birthday): 86 IF UNDER 1 YEAR Months: 4 Days: 10 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Harrison, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Thomas Lair BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Lavina Bellar BIRTHPLACE: Tenn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-7516
17. INFORMANT'S OWN SIGNATURE: x Maxine Brown ADDRESS:

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct. — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular.

DUE TO (c) Renal disease arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-7, 1967, *to* 2-6, 1967, *that I last saw the deceased alive on* 2-6, 1967, *and that death occurred at* 1:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/8/67
24c. NAME OF CEMETERY OR CREMATORY: Omaha Cemetery
24d. LOCATION (City, town, or county) (State): Omaha, Arkansas

DATE REC'D BY LOCAL REG.: 2-10-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-181
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 12 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 662
Local Reg. No. 47
Reg. Dist. No. 36C

RECEIVED
FEB 10 1967
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 147
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2220 Colorado St.

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Sophia c. (Last) Howard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Aug. 23, 1893

9. AGE (In years last birthday): 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Eustis, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gottlob D. Daiss — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Barbara Wild — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE x Harvey V Howard — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1577 Adenocarcinoma Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures on Sept 29, 1966

19a. DATE OF OPERATION: Jan 26 1967

19b. MAJOR FINDINGS OF OPERATION: Generalized metastases

20. AUTOPSY? YES ☐ NO ☑

20a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 29, 1966 *to* Feb 7, 1967, *that I last saw the deceased alive on* Feb 6, 1967, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: Caldwell Ida.

23c. DATE SIGNED: 2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 10, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-9-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: James R. Dakan

LICENSE NO.: E 485

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 663
Local Reg. No. 40
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Midland Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) Clarence
b. (Middle) A.
c. (Last) Robson

4. DATE OF DEATH (Month) (Day) (Year) Feb. 8, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 27, 1882
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY Union Pacific R.R.
11. BIRTHPLACE (State or foreign country) Plain City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Thomas A. Robson — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Lucretia Loveless — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Family Records by William R. Wise — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Small Bowel Obstruction cause Undetermined

332 X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-24, 1962, *to* 2-9, 1967, *that I last saw the deceased alive on* 2-9, 1967, *and that death occurred at* 7:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 245 T C Horton MD
23b. ADDRESS Nampa
23c. DATE SIGNED 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Gardens
24d. LOCATION (City, town, or county) (State) Canyon County, Idaho

DATE REC'D BY LOCAL REG. Feb. 17, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER William R. Wise Jr.
LICENSE NO. E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 4 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 664
Local Reg. No. 43
Reg. Dist. No. 36C

RECEIVED FEB 15 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1717 Arthur St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elmer	R.	Dennerline	Feb. 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 7, 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Caldwell, Idaho	Canyon

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert J. Dennerline	Illinois	Nora M. McCollum	Ogden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-09-0004	x Elsie Dennerline	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2817 Hodgkins disease — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 6, 1966, *to* 2-9, 1967 *that I last saw the deceased alive on* 2-9, 1967, *and that death occurred at* 11:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph W. Hamsher	M.D.	Caldwell, Ida.	2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 13, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-14-1967	Vera Dakan	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 2 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 29 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 665
Local Reg. No. 41
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 2 1 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon 142 030

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Canyon 142

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): R#2 Nampa-Rural

d. STREET ADDRESS (If rural, give location): R# 2

3. NAME OF DECEASED (Type or Print): a. (First) ELON b. (Middle) c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): February 9, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: March 8, 1899

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brand Inspector 08

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country):

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: C.A. Williams — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Mary Garst — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Doris Williams — ADDRESS: Nampa

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Anaplastic Carcinoma of Prostate — 1 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-28- , 19 50, *to* 2-9- , 19 67, *that I last saw the deceased alive on* 2-9- , 19 67, *and that death occurred at* 5:15P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jon Sattyn MD (Degree or title): 45A

23b. ADDRESS: 619 So. Canyon, Nampa, Idaho

23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Feb. 17, 1967

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER:

LICENSE NO.:

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 666
Local Reg. No. [illegible]
Reg. Dist. No. 36[illegible]

Certificate of Death

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa, Idaho
d. STREET ADDRESS (If rural, give location): Park View Manor

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): SUSAN
c. (Last): PAGE

4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 16, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 6, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Shamrock, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elijah Robinson — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Alice Johnson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 563-01-4414
17. INFORMANT'S OWN SIGNATURE: x Mary J. Rowland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pulmonary injection — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-15-58, 19__, *to* 2-10-67, 19__, *that I last saw the deceased alive on* 2-10-67, 19__, *and that death occurred at* 10:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 250 [signature] M.D.
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/14/67
24c. NAME OF CEMETERY OR CREMATORY: Liberty
24d. LOCATION (City, town, or county) (State): Montgomery City, Mo.

DATE REC'D BY LOCAL REG.: 2-18-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff — LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 1 5 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 667
Local Reg. No. 49
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 623 Fairview

3. NAME OF DECEASED (Type or Print)
a. (First): Nathan
b. (Middle): Daniel
c. (Last): Vail

4. DATE OF DEATH (Month) (Day) (Year): Feb. 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 27, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Produce business 22
10b. KIND OF BUSINESS OR INDUSTRY: Porduce
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William H. Vail — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Martha Belle Brown — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-4283-A
17. INFORMANT'S OWN SIGNATURE: + Lillie K. Vail — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Obstruction emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): 10 yr

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Organic ht. disease etiology?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-30-, 19 63, *to* 2-10-, 19 67, *that I last saw the deceased alive on* 2-10-, 19 67, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 217 M D 1 (Degree or title)
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian Idaho

DATE REC'D BY LOCAL REG.: Feb. 24, 1967
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER:
LICENSE NO.: E-487

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 668
Local Reg. No. 32
Reg. Dist. No. 360

Certificate of Death

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 141 Canyon 112
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. VENTS OF STAY (in this place): 12yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 524 Dearborn

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): FRANCIS
c. (Last): SNAVELY

4. DATE OF DEATH (Month) 2 (Day) 10 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 18, 1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 0, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Harm — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Josephine A Venable — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 554-03-7020
17. INFORMANT'S OWN SIGNATURE: x Mrs Grace Davis — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — 10yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Resected abdominal aneurysm with prosthesis — 2yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3-64, *19*___, *to* 2-10-67, *19*___, *that I last saw the deceased alive on* 2-10-67, *19*___, *and that death occurred at* 7:20P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: W Hubler MD (Degree or title) 250
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/14/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-18-1967
REGISTRAR'S SIGNATURE: Viva Dakan
25. EMBALMER: Leonard C Flahiff — LICENSE NO. E481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 669
Local Reg. No. 42
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1712 Dearborn Street

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) A. c. (Last) Mitchell

4. DATE OF DEATH (Month) (Day) (Year) Feb. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 24, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Bethany, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Mitchell	Illinois	Mary E. Vaughn	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-26-9266	J.R. Mitchell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHO PNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARDIAC INSUFFICIENCY
COMPLICATED BY
DUE TO (c) CEREBRAL HEMORRHAGE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-23- *, 19*46*, to* 2-10- *, 19*67*, that I last saw the deceased alive on* 2-10- *, 19*67*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph M.D.	454	619 So. Canyon, Nampa, Idaho	2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 14, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 18, 1967	Jane Steele		E-487

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 670
Local Reg. No. 71
Reg. Dist. No. 360

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAR 23 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Indian Creek 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1811 Maple St.

3. NAME OF DECEASED (Type or Print)
a. (First) Elmer
b. (Middle) E.
c. (Last) Gordy

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH April 3, 1920
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William M. Gordy — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Ada I. Griggs — BIRTHPLACE Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) War II
16. SOCIAL SECURITY NO. 518-26-7817
17. INFORMANT'S OWN SIGNATURE * Mrs Ada Gordy — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9298

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Probably accidental

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Accidental Drowning 18
21c. (CITY, TOWN, OR TOWNSHIP) Caldwell 141 — **(COUNTY)** Canyon — **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspections only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche M.D. 583 Coroner. 4 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 15, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorial Garden
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 3-21-67
REGISTRAR'S SIGNATURE Freda G Hunt, Deputy
25. EMBALMER Merville D. Davis
LICENSE NO. E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 11 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 17 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 671
Local Reg. No. 5
Reg. Dist. No. 361

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma, Rural Rt.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 3 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lee	Roy	Portenier	Feb. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 25, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Phillips County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John R. Portenier	Nebraska	Ora V. Hawk	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Golda Portenier	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* abt 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wende M.D. Coroner. 4	Nampa Idaho	2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 15, 1967	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-1967	Vera Dakan	Rodney W. Dakan	E-505

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 672
Local Reg. No. 43
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

FEB 21 1967

1. PLACE OF DEATH
a. COUNTY: Canyon 142 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — Bureau of Vital Stat.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blvd. Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 135 Owyhee Street

3. NAME OF DECEASED (Type or Print)
a. (First): Comfort
b. (Middle): A.
c. (Last): Allen

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1967.

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 6, 1883.
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Edmond, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Francis Williams — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Elizabeth Gouchell — BIRTHPLACE: Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 513-07-7894D
17. INFORMANT'S OWN SIGNATURE: Bert M Allen — ADDRESS: Nampa, Idaho.

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic cardio-vascular disease with cerebral deterioration — about a year.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan. 4, 1966, *to* Feb. 11, 1967, *that I last saw the deceased alive on* Feb. 3, 1967, *and that death occurred at* 7:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald E. Wesche, Gerald E. Wesche 559 1
23b. ADDRESS: 312 14th Ave. South-Nampa, Ida
23c. DATE SIGNED: 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lenora South Cemetery
24d. LOCATION (City, town, or county) (State): Lenora, Kansas.

DATE REC'D BY LOCAL REG.: Feb. 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature]
LICENSE NO.: E-396.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 673
Local Reg. No. 44
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 21 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 513-6th Street North

3. NAME OF DECEASED (Type or Print)
a. (First): Clark
b. (Middle): G.
c. (Last): Groves, Sr.

4. DATE OF DEATH (Month) (Day) (Year): February 11, 1967.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 15, 1905
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Meridian, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Waitman Groves — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mollie Frances Davidson — BIRTHPLACE: Virginia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kathleen Groves — ADDRESS: 513-6th St No. Nampa, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LEUKEMIA MYELOGENOUS ACUTE — INTERVAL BETWEEN ONSET AND DEATH: 2 WEEKS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 19__, *to* Feb. 11, 1967, *that I last saw the deceased alive on* 2/11/67, 19__, *and that death occurred at* 7:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 449 (Degree or title) Mt 1
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Feb. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Feb. 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: John F Alsip, Jr
LICENSE NO.: E-361
FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 674
Local Reg. No.
Reg. Dist. No. 361

Certificate of Death

RECEIVED FEB 28 1967

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon 112
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place) 12yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) Route # 3

3. NAME OF DECEASED (Type or Print)
a. (First) MARK
b. (Middle) AUSTIN
c. (Last) MONTGOMERY

4. DATE OF DEATH (Month) 2 (Day) 12 (Year) 67

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 7, 1905
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Tester 04
10b. KIND OF BUSINESS OR INDUSTRY Dairy Hero Inprovement I.M
11. BIRTHPLACE (State or foreign country) Nanton, Alberta, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry H Montgomery — BIRTHPLACE Dade Co. Mo.
14. MOTHER'S MAIDEN NAME Beaulah E Thorne — BIRTHPLACE Farmington, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 543-10-5450
17. INFORMANT'S OWN SIGNATURE X Mary E Montgomery — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only *19*__, *to* _____, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C. Wesche M.D. 583 Coroner 4 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/15/67
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 2-23-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 675
Local Reg. No. 64
Reg. Dist. No. 360

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAR 14 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 141 Canyon 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. 2 Caldwell

3. NAME OF DECEASED (Type or Print)
a. (First) Alice
b. (Middle) Gertrude
c. (Last) Metsker

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Apr. 25, 1878
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Lake City, Colorado
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Jacob C. Mills — BIRTHPLACE Wisc.
14. MOTHER'S MAIDEN NAME Emeline Love — BIRTHPLACE Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Nancy Patrick — ADDRESS Emmett

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetic acidosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Encephalomalacia, secondary to cerebrovascular disease.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12-67, 19__, *to* 2-13-67, 19__, *that I last saw the deceased alive on* 2-13-67, 19__, *and that death occurred at* 5:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Lyle Jones, M. D. 505
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-16-67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 3-13-67
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Eldon T. Pearson — Eldon T. Pearson
LICENSE NO. E-512

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 676
Local Reg. No. 47
Reg. Dist. No. 362

Certificate of Death

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 CANYON 130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF DIST. (In this place) 30 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2020 3rd STREET NORTH 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 2020 3rd STREET NORTH

3. NAME OF DECEASED (Type or Print)
a. (First) WILHELM
b. (Middle) H. LINDE
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) FEBRUARY 13, 1967

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH NOV. 18, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY FARMING
11. BIRTHPLACE (State or foreign country) HOWARD, SOUTH DAKOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FRANK LINDE — BIRTHPLACE GERMANY
14. MOTHER'S MAIDEN NAME NO RECORD — BIRTHPLACE NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-40-1828A
17. INFORMANT'S OWN SIGNATURE * Henry F. Linde — ADDRESS ROCHESTER, MINN.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C Wesche M.D. Coroner 4 — 588 (Degree or title)
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 2-23-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 2-23-67
24c. NAME OF CEMETERY OR CREMATORY KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) NAMPA, IDAHO (State)

DATE REC'D BY LOCAL REG. Feb. 25, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 7 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 8 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 677
Local Reg. No. 52
Reg. Dist. No. 360

RECEIVED MAR 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Emma	Belle	Rooney	Feb. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	January 27, 1873	94		18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Mankoto, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Hanna	Ohio	Emily Maxwell	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	Julius Rooney	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Uremia~~ Cerebrovascular occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960, 19___, *to* ___, 19___, *that I last saw the deceased alive on* 2-15, 1967, *and that death occurred at* 2A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clyde Kench 280	MD	1819 Elli Caldwell Idaho	2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 20, 1967	Roswell Cemetery	Roswell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-27-1967	Vera Dakan	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 678
Local Reg. No. 37
Reg. Dist. No. 361

RECEIVED MAR 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN: Wilder
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Home, Wilder 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN: Wilder
d. STREET ADDRESS: Box 603

3. NAME OF DECEASED (Type or Print)
a. (First): Lena
b. (Middle): B.
c. (Last): Stutheit

4. DATE OF DEATH: (Month) Feb. (Day) 16, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 10, 1884
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Lyons, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Eighmey
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Cornelia Winegar
BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elmer Stutheit
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4.291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) H C V D
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 11-19-66 12-11-66
19b. MAJOR FINDINGS OF OPERATION: ① G.B. & stone ② Small bowel obst. 2° to ulcer
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-14-66, 19___, *to* 2-5, 1967, *that I last saw the deceased alive on* 2-4, 1967, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John K. Nielsen M.D. 389
23b. ADDRESS: 303 E. Logan Caldwell, Idaho
23c. DATE SIGNED: 2-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 2-27-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: James R. Dakan
LICENSE NO.: E-485
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 679
Local Reg. No. 56
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 MAR 7-1967 000
b. CITY OR TOWN Nampa Bureau of Vital Statistics c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1123 Rosenlof

3. NAME OF DECEASED (Type or Print) a. (First) Christine b. (Middle) c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 28, 1873

9. AGE (In years last birthday) 93 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home making

11. BIRTHPLACE (State or foreign country) Denmark

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ras Rasmussen BIRTHPLACE No record

14. MOTHER'S MAIDEN NAME Katrine Paulson BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-54-3063

17. INFORMANT'S OWN SIGNATURE Victor C Larsen ADDRESS Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Vascular Disease & Chronic Brain Syndrome — 3 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 1-27, 1967, *to* 2-17, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) T C Horton 245 M D

23b. ADDRESS Nampa

23c. DATE SIGNED 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 21, 1967

24c. NAME OF CEMETERY OR CREMATORY Pocatello Cemetery

24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. March 5, 1967

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER Tony J. Krouk LICENSE NO. E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 680
Local Reg. No. 46
Reg. Dist. No. 362

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 142 CANYON 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE IDAHO
b. COUNTY CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 512 8th AVE. SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) DeWALD
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) FEB. 17, 1967

5. SEX FEMALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH JUNE 29, 1882

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME-MAKER 01

10b. KIND OF BUSINESS OR INDUSTRY AT HOME

11. BIRTHPLACE (State or foreign country) RUSSIA

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME CONRAD PROPPE
BIRTHPLACE NO RECORD

14. MOTHER'S MAIDEN NAME NO RECORD
BIRTHPLACE NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. NONE

17. INFORMANT'S OWN SIGNATURE X [signature]
ADDRESS NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 200X Arteriosclerotic heart disease with heart block — INTERVAL BETWEEN ONSET AND DEATH: 48 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus. — 25+ years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic pyelonephritis — 10 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16, 1967, *to* 2-17, 1967, *that I last saw the deceased alive on* 2-17-6, 1967, *and that death occurred at* 5:20 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE Marion R. Blough 730 (Degree or title) I
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE FEB. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY CLOVERDALE
24d. LOCATION (City, town, or county) (State) ADA COUNTY, IDAHO

DATE REC'D BY LOCAL REG. Feb. 21, 1967
REGISTRAR'S SIGNATURE Jane Steele
25. EMBALMER W. A. Shepherd
LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 681
Local Reg. No. 57
Reg. Dist. No. 363

RECEIVED MAR 7 1967 Bureau of

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Route #1 Melba
d. STREET ADDRESS (If rural, give location) Rural Route #1 Melba

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle)
c. (Last) Metcalf

4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 11, 1907
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Metcalf BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Lydia Nicholas BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-1765
17. INFORMANT'S OWN SIGNATURE Mrs Erma V. Metcalf ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2042

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Monocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-7, 1965, *to* 2-18, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 3:56A *m., from the causes and on the date stated above.*

23a. SIGNATURE 245 (Degree or title) T C Horton MD
23b. ADDRESS Nampa
23c. DATE SIGNED 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Memorail Gardens
24d. LOCATION (City, town, or county) Canyon County (State) Idaho

DATE REC'D BY LOCAL REG. Mar. 5, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

...Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 8 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-2369

Certificate of Death

STATE OF IDAHO

State File No. 682
Local Reg. No. 62
Reg. Dist. No. 363

BIRTH NO.

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 060

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1816 7th STREET SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) WENDY b. (Middle) SUE c. (Last) RYDELL

4. DATE OF DEATH: (Month) FEB. (Day) 18, (Year) 1967

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: FEB. 18, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 6 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ***** 12 60

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ROBERT RYDELL — BIRTHPLACE: WASHINGTON

14. MOTHER'S MAIDEN NAME: DONNA KEITH — BIRTHPLACE: NAMPA, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 18, 1967 *to* Feb 18, 1967, *that I last saw the deceased alive on* Feb 18, 1967, *and that death occurred at* 11:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 115 (Degree or title)

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: Feb 23, 1967

24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY

24d. LOCATION (City, town, or county) (State): CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: March 9, 1967

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-2369

Certificate of Death

STATE OF IDAHO

State File No. 683
Local Reg. No. 52
Reg. Dist. No. 362

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Community Hosp. 419

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	Phillip	Kloepfer	Feb. 18, 1967.

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 25, 1880.	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 64	Farming	Logan, Utah.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Kloepfer	Germany	Eliza Horlocher	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-1042A	Mrs. Henry P. Kloepfer	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease
DUE TO (c) Cardiac Decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2/16, 19 67, *to* 2/18, 19 67, *that I last saw the deceased alive on* 2/18/67, 19 ___, *and that death occurred at* 3:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
J. K. Marquam 322 (Degree or title) MD	Nampa, Idaho	2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 23, 1967	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 2, 1967	Jane Steck	Richard W. Mesenbrink	E-467

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 6 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 22 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-7368

BIRTH NO.

RECEIVED MAR 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 684
Local Reg. No. 63
Reg. Dist. No. 36

1. PLACE OF DEATH
a. COUNTY: CANYON 142 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1816 7th STREET SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): CHERYL
b. (Middle): LYNN
c. (Last): RYDELL

4. DATE OF DEATH (Month) (Day) (Year): FEB. 19, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: FEB. 19, 1967
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months / Days 1 — IF UNDER 24 HRS.: Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): **** 02
10b. KIND OF BUSINESS OR INDUSTRY: ****
11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ROBERT RYDELL — BIRTHPLACE: WASHINGTON
14. MOTHER'S MAIDEN NAME: DONNA KEITH — BIRTHPLACE: NAMPA, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: x Robert L Rydell — ADDRESS: NAMPA, IDA.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 19, 1967, *to* Feb 19, 1967, *that I last saw the deceased alive on* Feb 19, 1967, *and that death occurred at* 7:35A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Graydon O. Crane 115 M.D.
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: Feb. 23 1967
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State): CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: March 9, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-2368

Certificate of Death

State File No. 685
Local Reg. No. 53
Reg. Dist. No. 363

BIRTH NO.

RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 142 Canyon MAR 6 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa Bureau of Vital Statistics
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1709 East Linden Street

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) ERNEST
c. (Last) CONN

4. DATE OF DEATH (Month) (Day) (Year) February 20, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 14, 1893

9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Chariton Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George R. Conn
BIRTHPLACE No record

14. MOTHER'S MAIDEN NAME Ida Cramer
BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 541-16-6530A

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5835X Acute cholecystitis with sepsis — INTERVAL BETWEEN ONSET AND DEATH 17 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus 1965 years
Arteriosclerosis obliterans

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1967, *to* 2-20-67, 19___, *that I last saw the deceased alive on* 2-20, 19 67, *and that death occurred at* 7:25A. m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 730 (Degree or title)

23b. ADDRESS 619 So Canyon Nampa Ida

23c. DATE SIGNED 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 24, 1967

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) Nampa, Idaho (State)

DATE REC'D BY LOCAL REG. March 2 1967

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER

LICENSE NO.

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1967 Bureau of Vital Statistics

State File No. 686
Local Reg. No. 14
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 19
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1516 Rochester

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mark	La Vaine	Pincock	Feb. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 19, 1907	59	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer, Fertilizer Salesman 04		Sugar City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Albert Pincock	Ogden, Utah	Lucinda Elizabeth Bingham	Riverdale, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-10-1069	x LaVee D. Pincock	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Artery occlusion, bilateral, — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) acute. Vasculitis (Peri arteritia Nodosa)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

7388

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-2-57, 19____, *to* 2-21-67, 19____, *that I last saw the deceased alive on* 2-21-67, 19____, *and that death occurred at* 3:50A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Howe	1505 M.D.	222 East Elm--Caldwell, Idaho	2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb. 24, 1967	Sugar City Cemetery	Sugar City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-21-67	Freda G. Hunt, Deputy	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 22 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 687
Local Reg. No. 58
Reg. Dist. No. 362

Certificate of Death

RECEIVED MAR 7 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Community Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Route #4 Nampa
d. STREET ADDRESS (If rural, give location) Lindsey Lane

3. NAME OF DECEASED (Type or Print)
a. (First) Gotlieb Myers
b. (Middle) Rasmussen
c. (Last)

4. DATE OF DEATH (Month) Feb. (Day) 21, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 6, 1900
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Yard Supervisor 26
10b. KIND OF BUSINESS OR INDUSTRY Robertson Whlse.
11. BIRTHPLACE (State or foreign country) Kilgore, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Good Rasmussen — BIRTHPLACE Kaysville, Utah
14. MOTHER'S MAIDEN NAME Anna Anderson — BIRTHPLACE Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.II 4
16. SOCIAL SECURITY NO. 519-09-6702A
17. INFORMANT'S OWN SIGNATURE x Myra Rasmussen — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myo-cardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic cardio vascular disease, w/decompensation — 1 month
DUE TO (c) previous myo-cardial infarction — 4 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-14-, 1963, *to* 2-21-, 1967, *that I last saw the deceased alive on* 2-21, 1967, *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E. Wesche, M.D. — Gerald E Wesche 559 (Degree or title) MD
23b. ADDRESS 312 14th Ave. South, Nampa, Ida
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 25, 1967
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Ada County, Idaho

DATE REC'D BY LOCAL REG. Mar. 5, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER William R. Wisey Jr.
LICENSE NO. E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 9 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 688
Local Reg. No. 57
Reg. Dist. No. 360

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
DURATION OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 1824 Everett

3. NAME OF DECEASED (Type or Print) a. (First) FRIEDA b. (Middle) 057 c. (Last) WALTER

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 67

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 24, 1883

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months 7 Days 27
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Retired

11. BIRTHPLACE (State or foreign country) Fehman, Germany

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ludwig Reimer
BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Margareta Koupp
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-38-1568

17. INFORMANT'S OWN SIGNATURE Margaret H. Yeamans
ADDRESS

4200

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease
INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinomatosis from carcinoma of breast. Pyelonephritis 5 days.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-6-60, 19___, *to* 2-21-67, 19___, *that I last saw the deceased alive on* 2-21-67, 19___, *and that death occurred at* 11:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lyle Stones, M.D. 505 (Degree or title)

23b. ADDRESS 222 East Elm--Caldwell, Idaho

23c. DATE SIGNED 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-3

24b. DATE 2/24/67

24c. NAME OF CEMETERY OR CREMATORY Twin Falls

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3-4-1967

REGISTRAR'S SIGNATURE Vera Dakan

25. EMBALMER Leonard C. Flahiff

LICENSE NO. E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 24 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 689
Local Reg. No. 56
Reg. Dist. No. 360

BIRTH NO.

RECEIVED MAR 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 722 So. 6th St.

3. NAME OF DECEASED (Type or Print) a. (First) Muriel b. (Middle) P. c. (Last) Froman

4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 3
8. DATE OF BIRTH Oct. 14, 1896
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months 4 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Carroll Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry H. Nolan BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Lucas BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Muriel P. Froman ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma in right — INTERVAL BETWEEN ONSET AND DEATH 8 Months (about)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pelvis with Cerebral
DUE TO (c) Metastasis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1930

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 2-21, 1962, *that I last saw the deceased alive on* 2-21, 1962, *and that death occurred at* 3:14 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 280
23b. ADDRESS 1814 Ellis Caldwell Idaho
23c. DATE SIGNED 2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 2-27-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER James R. Dakan
LICENSE NO. E-485
FIRM NAME: Peckham-Dakan Chapel, Caldwell,

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 690
Local Reg. No. 64
Reg. Dist. No. 362

RECEIVED MAR 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 2WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MIDLAND MANOR 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): ROUTE 4

3. NAME OF DECEASED (Type or Print)
a. (First): LOUIS
b. (Middle): M.
c. (Last): HOPKINS

4. DATE OF DEATH (Month) (Day) (Year): FEBRUARY 22, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: JULY 29, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): CASHION, OKLAHOMA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES H. HOPKINS — BIRTHPLACE: MICHIGAN
14. MOTHER'S MAIDEN NAME: NELLIE J. PERRY — BIRTHPLACE: MICHIGAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-1879
17. INFORMANT'S OWN SIGNATURE: X Mrs Clare R. Davenport — ADDRESS: NAMPA,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Obstructive pulmonary disease — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1966, *to* February, 1967, *that I last saw the deceased alive on* Feb. 1, 1967, *and that death occurred at* 5:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 449 (Degree or title): M.D.
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 2-24-67
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE CEMETERY
24d. LOCATION (City, town, or county) (State): ADA COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: Feb. 28, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 18 [illegible]

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 691
Local Reg. No. 65
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED

MAR 1 3 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA 1305-3d St. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) Mission Apts 504 Second Street So

3. NAME OF DECEASED (Type or Print) a. (First) Marion b. (Middle) Kenneth c. (Last) Powell

4. DATE OF DEATH (Month) (Day) (Year) Feb. 22, 1967.

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 25, 1911
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meat Cutter 21
10b. KIND OF BUSINESS OR INDUSTRY Meat Market
11. BIRTHPLACE (State or foreign country) Rye Valley, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Francis Marion Powell
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Nettie G. Cartwright
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2 U
16. SOCIAL SECURITY NO. 522-10-9730
17. INFORMANT'S OWN SIGNATURE + [signature] ADDRESS Nampa, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion 42 81
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/22, 19 67, to ——, 19——, *that I last saw the deceased alive on* 2/22, 19 67, *and that death occurred at* 3:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 322 (Degree or title)
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 27 1967
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Canyon County, Idaho

DATE REC'D BY LOCAL REG. March 9 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-513

FIRM NAME Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 692
Local Reg. No. 54
Reg. Dist. No. 363

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Stat

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Agnes
b. (Middle): C.
c. (Last): Pritchard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 1, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carter, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Gahley — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Englehorn — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-60-2142j
17. INFORMANT'S OWN SIGNATURE: Edna J. Shippy — ADDRESS: 18 Cypress

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4211

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): aortic stenosis — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Myocardial infarction — 2 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-9-65, *19*___, *to* 2-22-67, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 2:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Hubler MD 250
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: March 2, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 693
Local Reg. No. 57
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 1 1967 Bureau of Vital Statistics

141 000

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 914 Everett St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dollie
b. (Middle): (NMI)
c. (Last): Freeman

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 16, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Charter Oak, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Barney Brazell — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Clara McCain — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-44-3673
17. INFORMANT'S OWN SIGNATURE: J. B. Freeman — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Congestive Heart failure & hemiplegia — 5 yrs & 1 yr
DUE TO (c) Arteriosclerotic C.V.D. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic pyelonephritis — 1 year

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Mar, 1962, *to* 22 Feb, 1967, *that I last saw the deceased alive on* 3 Jan, 1967, *and that death occurred at* 7 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: S. D. Simpson — 473 (Degree or title): M.D.
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 24 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 2-27-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 694
Local Reg. No. 50
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 612 Almond St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: Box Elder 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Brigham City
d. STREET ADDRESS (If rural, give location): 318 North Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Georgia
b. (Middle): Troxell
c. (Last): Korth

4. DATE OF DEATH (Month) (Day) (Year): Feb. 23 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 29, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Wichita, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank T. Troxell — BIRTHPLACE: St.Joseph,Michigan
14. MOTHER'S MAIDEN NAME: Mary E. Burns — BIRTHPLACE: Morgan, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 528 72 7401
17. INFORMANT'S OWN SIGNATURE: Fred Korth — ADDRESS: Nampa,Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27-, 1961, *to* 2-23, 1967, *that I last saw the deceased alive on* 2-23, 1967, *and that death occurred at* 1:50P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche M.D. 560
23b. ADDRESS: Nampa- Idaho
23c. DATE SIGNED: 2-25-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial 3
24b. DATE: 2/27/1967
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City Utah

DATE REC'D BY LOCAL REG.: Mar. 1, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALSIP FUNERAL CHAPEL

DUTIES:

MAR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 695
Local Reg. No. 67
Reg. Dist. No. 360

Certificate of Death

RECEIVED
MAR 14 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2420 College

3. NAME OF DECEASED (Type or Print)
a. (First): Sabina
b. (Middle): J.
c. (Last): Kelly

4. DATE OF DEATH (Month) (Day) (Year): February 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 1, 1881
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clarinda, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F. W. Windhorst — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Riske — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-4343
17. INFORMANT'S OWN SIGNATURE: Rev. Lois M. True — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): (a) Pancreatitis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-25-66, 19__, *to* 2-24-67, 19__, *that I last saw the deceased alive on* 2-24-67, 19__, *and that death occurred at* 8:07A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lyle Stones, M.D. 505 (Degree or title)
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Feb. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-13-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 696
Local Reg. No. 64
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14 MAR 6 1967 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 26 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hos. 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 14
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 2113 Indiana Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ivan	H.	Davenport	Feb. 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 25, 1909	57	8	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman-Retired 24	Furniture	Parker, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Davenport	Utah Salt Lake City	Albertina Christensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	543-07-7247	Blanche Davenport	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic lung disease, severe, with	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	pulmonary emphysema.	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-31-60, 19___, *to* 2-24-67, 19___, *that I last saw the deceased alive on* 2-24-67, 19___, *and that death occurred at* 10:57 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Stones	M. D.	222 East Elm--Caldwell, Idaho	2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1967	Kohlerlawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-4-1967	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 3 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 697
Local Reg. No. 68
Reg. Dist. No. 360

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 14 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee 370
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) Box 782

3. NAME OF DECEASED (Type or Print)
a. (First) Meda
b. (Middle) M.
c. (Last) Brownson

4. DATE OF DEATH (Month) (Day) (Year) Feb. 25, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 10, 1899
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Pawnee County, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William E. Beaver — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Ida M. Whorton — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-5021
17. INFORMANT'S OWN SIGNATURE John C Brownson — ADDRESS Seattle Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 4 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 16 *1967, to* Feb 25 *, 1967, that I last saw the deceased alive on* Jan 25 *, 1967, and that death occurred at* 5 a *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 570 MD (Degree or title) 1
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Feb. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. 3-13-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER James R. Dakan — LICENSE NO. E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 3 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 698
Local Reg. No. 59
Reg. Dist. No. 362

BIRTH NO.

RECEIVED MAR 7 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 423 South State

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) L. c. (Last) QUINLY

4. DATE OF DEATH (Month) (Day) (Year): February 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 20, 1881
9. AGE (In years last birthday): 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home makeing
11. BIRTHPLACE (State or foreign country): Rock Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James N. Connely BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah Ellen Edwards BIRTHPLACE: Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 491 01 1654A
17. INFORMANT'S OWN SIGNATURE: Joe C. Quinly ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infaction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis & Cholelithiasis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 7-5, 1966, *to* 2-27, 1967, *that I last saw the deceased alive on* 2-26, 1967, *and that death occurred at* 12:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE: T C Horton 245 (Degree or title) M D
23b. ADDRESS: Nampa
23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: March 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: Mar 5, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W. Messenbrink LICENSE NO. E-487
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 1 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 699
Local Reg. No. 61
Reg. Dist. No. 360

BIRTH NO.

RECEIVED 141 MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Logan	Russell	Field	Feb. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 21, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Leighton, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edgar L. Field	New York	Mary Russell	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE & ADDRESS
	518-30-9223	Laura M. Luter

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	CARDIAC ARRHYTHMIA	20 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASHD and CHF	10 yrs.
DUE TO (c)	GENERALIZED ARTERIOSCLEROSIS	30 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	DIABETES MELLITUS. LEFT PLEURAL EFFUSION	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 62, *to* Feb 27, 19 67, *that I last saw the deceased alive on* Feb 20, 19 67, *and that death occurred at* 2 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	424 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald D Price	MD	Caldwell Idaho	3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 1	March 1, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-4-1967	Vera Dakan	Rodney W. Dakan	E-508

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 700
Local Reg. No. 53
Reg. Dist. No. 360

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN: Caldwell
d. STREET ADDRESS: 905 Chicago

3. NAME OF DECEASED (Type or Print): a. (First) Ben b. (Middle) H. c. (Last) Kerns

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 15, 1889	77	9	12		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Holliday, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Benjamin F. Kerns — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-16-4881
17. INFORMANT'S OWN SIGNATURE: Mrs Ben H. Kerns — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia — 4 days
DUE TO (c) Cerebrovascular Accident — 7 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypertension - Obesity - Diabetes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Feb, 1967, *to* 27 Feb, 1967, *that I last saw the deceased alive on* 27 Feb, 1967, *and that death occurred at* 8:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Kraus 295 (Degree or title) M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 2 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-4-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: James R. Dakan — LICENSE NO.: E-486
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 701
Local Reg. No. 67
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
142 MAR 14 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R# 6

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): ELLEN
c. (Last): PETHTEL

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 14, 1878
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Victoria-Knox Co. Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Ira Nelson LeValley
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sarah Ellen Watson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Anna E. Kasel

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ASHD — 10 yr.; Carcinoma breast — 4 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20- *19*61, *to* 2-28- *19*67, *that I last saw the deceased alive on* 2-28- *19*67, *and that death occurred at* 3:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: Mar. 12, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E 496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 702
Local Reg. No. 66
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 1-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROUTE #2 NAMPA
c. LENGTH OF STAY (in this place): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INDUSTRIAL Rd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ROUTE # 2 NAMPA, IDAHO
d. STREET ADDRESS (If rural, give location): ROUTE # 2

3. NAME OF DECEASED (Type or Print)
a. (First): JEFFREY
b. (Middle): AARON
c. (Last): SARGENT

4. DATE OF DEATH (Month) (Day) (Year): FEB. 28 1967

5. SEX: male
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: Jan. 20, 1954
9. AGE (In years last birthday): 13
IF UNDER 1 YEAR: Months 1 Days 8
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT 03
10b. KIND OF BUSINESS OR INDUSTRY: STUDENT
11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JOHN W. SARGENT
BIRTHPLACE: EVANSTON, ILL
14. MOTHER'S MAIDEN NAME: ECHO DELL COX
BIRTHPLACE: NAMPA, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: X Echo Dell Sargent
ADDRESS: Rt #2 - Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9103

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury - Chest + abdomen

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Near Trailer factory 03
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE): Nampa 13 Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? a pile of lumber fell on him

22. *I hereby certify that I attended the deceased from* Inspection only *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD 583 Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-6-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 1
24b. DATE: MAR 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: KOHERLAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, CANYON IDAHO

DATE REC'D BY LOCAL REG.: March 9, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M B Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 703
Local Reg. No. 1654
Reg. Dist. No. 470

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Albion
c. LENGTH OF STAY (in this place): 35 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Albion
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Frank; b. (Middle) Otha; c. (Last) Price

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: August 24, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR Months: 5 Days: 11 — IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James A. Price — BIRTHPLACE: Bolivar, Mo.
14. MOTHER'S MAIDEN NAME: Lena Freeman — BIRTHPLACE: Bolivar, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — — — — — —
16. SOCIAL SECURITY NO.: 518-24-5037
17. INFORMANT'S OWN SIGNATURE: Rose Price — ADDRESS: Box 132 Albion, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Bronchogenic & metastasis — INTERVAL BETWEEN ONSET AND DEATH: Mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1966, *to* Feb 4, 1967, *that I last saw the deceased alive on* Dec 10, 1966, *and that death occurred at* 11:50 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter Whitesides (Degree or title)
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Albion Masonic Cemetery
24d. LOCATION (City, town, or county) (State): Albion, Idaho

DATE REC'D BY LOCAL REG.: Feb 13, 1967
REGISTRAR'S SIGNATURE: Bill H. Pearson
25. EMBALMER: Ormand Burch — LICENSE NO.: E-471
FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 704
Local Reg. No. 1655
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Guinavere	Hunter	Emery	Feb. 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	April 12, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Oakley, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rosel Hyde Hunter	Kaysville, Utah	Effie Eliza Bates	Farmington, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	519-16-3566B	Fulton Emery	Albion Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary Occlusion	Immediate
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	5 to 6 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Aortic Aneurysm	5 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8-46, 19____, *to* 2-5-67, 19____, *that I last saw the deceased alive on* 6-24-66, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	526 MD	Burley, Idaho	2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/8/1967	Oakley, Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 13 1967	Beth H. Pearson	[signature]	E 389

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Payne Mortuary

DUTIES:

OCT 5 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 28 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

66-4004 FEB 20 1967

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 705
Local Reg. No. 1657
Reg. Dist. No. 470

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: West of A.F. Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 30
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 137 Wilson

3. NAME OF DECEASED (Type or Print)
a. (First): Steven
b. (Middle): Lee
c. (Last): Girrard

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 29, 1966
9. AGE (In years last birthday): If under 1 year: Months 9, Days 11; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: xxxxx
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Marlin Girrard
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Idona Brown
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxx
16. SOCIAL SECURITY NO.: xxx
17. INFORMANT'S OWN SIGNATURE: Marlin L. Girrard
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severd concussion and head injury and probable internal injuries
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: None
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10 Min

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): West of Amer. Falls Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 8, 1967 3:30P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident and was thrown out

22. *I hereby certify that I attended the deceased from* Feb. 8, 1967, *to* Feb. 8, 1967, *that I last saw the deceased alive on* DOA, 19__, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): F. S. Harms M D
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 11 Feb. '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Feb. 16, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Conway Grant
LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED FEB 28 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 706
Local Reg. No. 1658
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1727 Burton Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruth	Craner	Judd	Feb. 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 1 DAY Hours / Min.
Female	White	Widowed	July 19, 1891	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Oakley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Craner	Tooele, Utah	Mary Adams	Tooele, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		Arthur C. Judd	Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes / Senility — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generally Deteriorating — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-9-67, 19__, *to* 2-9-67, 19__, *that I last saw the deceased alive on* Feb 9th, 1967, *and that death occurred at* 11:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]		Burley, Idaho	2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/13/67	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 23, 1967	Ruth H. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 707
Local Reg. No. 1669
Reg. Dist. No. 470

BIRTH NO.

MAR 1 31967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo
d. STREET ADDRESS (If rural, give location): Box # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Cornelius	Anderson	Feb. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	April 9, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Cattle	Declo, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oliver Pierce Anderson	Ft. Worth, Tex.	Lillie Robbins	Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	528-20-9468	Lola [illegible]	Declo, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bilateral pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 Hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Bowel obstruction — 2-2-67

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-2-67	Bowel obstruction	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-23-47 19___, *to* 2-15-67, 19___, *that I last saw the deceased alive on* 2-15-67, 19___, *and that death occurred at* 6:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Burley, Idaho	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2/11/67	Albion Cemetery	Albion, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 10, 1967	Burk H. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 708
Local Reg. No. 1659
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 8 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 600 west 050 south 035 east

3. NAME OF DECEASED (Type or Print): a. (First) Gust; b. (Middle); c. (Last) Radke

4. DATE OF DEATH: (Month) Feb (Day) 16 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Apr 22 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired carpener and	cabinet maker	Bowdin North Dakota	U.S.A..

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Radke	Germany	Martha Bonzener	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	437-03-4387	X Mrs Walter S Toller	Paul Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Appendix with metastases — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerosis & CVA. — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug 19, 1966, *to* Feb 16, 1967, *that I last saw the deceased alive on* Feb 15 1967, *and that death occurred at* 5:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter Radke	Burley Idaho	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 20 1967	Paul Cemetery	Paul Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 23 1967	Ruth H. Pearson	Robert C Walk	E294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 709
Local Reg. No. 1660
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Poitner c. (Last) Freymiller

4. DATE OF DEATH: (Month) Feb. (Day) 18, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 4, 1894

9. AGE (In years last birthday): 72 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Corder, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: John Poitner — Bonn, Germany

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Marie Goliath — Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 519-44-1654

17. INFORMANT'S OWN SIGNATURE: Ray Freymiller — **ADDRESS**: Burley, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 2 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-17-, 1967, *to* 2-18, 1967, *that I last saw the deceased alive on* 2-17-1967, *and that death occurred at* 8 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD — **23b. ADDRESS**: Burley. — **23c. DATE SIGNED**: 8-20-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2/22/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Pleasant View — **24d. LOCATION** (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Feb. 24, 1967 — **REGISTRAR'S SIGNATURE**: Buck N. Pearson

25. EMBALMER: [signature] — **LICENSE NO.**: E-389 — **FIRM NAME**: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 710
Local Reg. No. 1664
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia — MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): * * * * * * * * *

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Davis c. (Last) Jones

4. DATE OF DEATH: (Month) Feb. (Day) 19, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Feb. 15, 1880

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Railroader

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Willard, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Evan D. Jones — BIRTHPLACE: Wales

14. MOTHER'S MAIDEN NAME: Margaret Davis — BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 712-07-6316

17. INFORMANT'S OWN SIGNATURE: Mrs. Jos. Emily Jones — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Nephrolithiasis hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1957 *to* Feb 19, 1967, *that I last saw the deceased alive on* Feb 19, 1967 *and that death occurred at* 9a m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Davis (Degree or title) M.D.

23b. ADDRESS: Box 362 Burley Idaho

23c. DATE SIGNED: Feb 24 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2/22/67

24c. NAME OF CEMETERY OR CREMATORY: Marion Cemetery

24d. LOCATION (City, town, or county) (State): Cassia, Idaho

DATE REC'D BY LOCAL REG.: Mar. 3 1967

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: [signature]

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 3 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 711
Local Reg. No. 1670
Reg. Dist. No. 470

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAR 2 0 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 161 Cassia 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (In this place) none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 300 S. on Hi-way # 27 000

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Idaho 168
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
d. STREET ADDRESS (If rural, give location) **********

3. NAME OF DECEASED (Type or Print)
a. (First) Jenger
b. (Middle) Kaye
c. (Last) Cranney

4. DATE OF DEATH (Month) (Day) (Year) Feb. 23, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH June 12, 1958
9. AGE (In years last birthday) 8 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student
10b. KIND OF BUSINESS OR INDUSTRY ****
11. BIRTHPLACE (State or foreign country) Rupert, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harold K Cranney Jr. — BIRTHPLACE Oakley, Ida.
14. MOTHER'S MAIDEN NAME Jennie Lee Anderson — BIRTHPLACE Rupert, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE H. K. Cranney Jr. — ADDRESS Oakley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8164

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage into left chest — INTERVAL BETWEEN ONSET AND DEATH ~~immediate~~

ANTECEDENT CAUSES — rib puncture of heart

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ~~Shut [illegible]~~ Immediate

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Auto Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Road 06
21c. (CITY, TOWN, OR TOWNSHIP) Burley 13 — (COUNTY) Cassia 161 — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-23-67 28 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? 2 Cars Collision 3 Mile S of Burley

22. *I hereby certify that I attended the deceased from* 5-1-63, 19__, *to* 2-23-67, 19__, *that I last saw the deceased alive on* 7-18-66, 19__, *and that death occurred at* 2:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 526 (Degree or title)
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/27/67
24c. NAME OF CEMETERY OR CREMATORY Marion Cemetery
24d. LOCATION (City, town, or county) Oakley, Idaho (State)

DATE REC'D BY LOCAL REG. Mar. 13 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER [signature]
LICENSE NO. E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 712
Local Reg. No. 1667
Reg. Dist. No. 470

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAR 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Cassia	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural c. LENGTH OF STAY (in this place):	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 Mi. South, Hwy #27	d. STREET ADDRESS (If rural, give location): 700 East 400 South

3. NAME OF DECEASED (Type or Print)	a. (First): Katherine	b. (Middle): Norma	c. (Last): Stevenson	4. DATE OF DEATH (Month) (Day) (Year): February 23, 1967
5. SEX: female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married	8. DATE OF BIRTH: Feb. 23, 1913	9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	10b. KIND OF BUSINESS OR INDUSTRY:	11. BIRTHPLACE (State or foreign country): Oakley, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME: Wiley D. Dyer,	BIRTHPLACE: Unknown	14. MOTHER'S MAIDEN NAME: Katherine Isaacson,	BIRTHPLACE: Salt Lake City, Ut	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-48-8757	17. INFORMANT'S OWN SIGNATURE: Quincy G Stevenson	ADDRESS: Burley Ida R1	

8254

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture Cervical spine — INTERVAL BETWEEN ONSET AND DEATH: moment

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cassia Idaho	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 23, 1967, 3pm	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY OCCUR? Auto accident	

22. *I hereby certify that I attended the deceased from* Investigated the death of, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD (Degree or title) Corner	23b. ADDRESS: Box 657 Burley Ida	23c. DATE SIGNED: 3-1-67
24a. BURIAL, CREMATION, REMOVAL (Specify): burial	24b. DATE: Feb. 28, 1967	24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens
24d. LOCATION (City, town, or county) (State): Burley, Idaho		
DATE REC'D BY LOCAL REG.: Mar. 8, 1967	REGISTRAR'S SIGNATURE: Beth H. Pearson	25. EMBALMER: Ormand F Burch — LICENSE NO. E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 27 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS; BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 713
Local Reg. No. 1662
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 42 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Burley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1701 Miller Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Bertha; b. (Middle) C; c. (Last) Bross

4. DATE OF DEATH: (Month) Feb. (Day) 23, (Year) 1967

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 31, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months 1; Days 23
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leavensworth, Kansas

12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Albert Ploeger, BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Elizabeth Johl, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO. 518-58-4125

17. INFORMANT'S OWN SIGNATURE: Josephine Talley ADDRESS: 1701 Miller, Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peptic ulcer — INTERVAL BETWEEN ONSET AND DEATH: 2-3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I* tended the deceased from 8-26-60 19___, to 2-23-67, 19___, *that I last saw the deceased alive on* 2-20-67, 19___, *and that death occurred at* 8:40 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.
23b. ADDRESS: 341 Overland, Burley, Ida
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Summit View Cemetery
24d. LOCATION (City, town, or county) (State): Guthrie, Logan Co., Okla

DATE REC'D BY LOCAL REG.: Mar. 3 1967
REGISTRAR'S SIGNATURE: Ruth N. Pearson

25. EMBALMER: Ormand J Burch
LICENSE NO.: E-471

FIRM NAME: McCULLOCH FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 18 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 714
Local Reg. No. 1663
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN: Burley
LENGTH OF STAY (If dead, place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: East Main & Hiland Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1826 Normal Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Kevin	Wayne	Henley	Feb. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Dec. 13, 1961	5	2	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child at Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Wayne Henley, BIRTHPLACE: Ava, Missouri
14. MOTHER'S MAIDEN NAME: Donna Jean Kessinger, BIRTHPLACE: Los Angeles, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Carl Wayne Henley
ADDRESS: 182 C Normal Ave Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8464

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture with

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) massive brain injury

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: moments

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) Burley (COUNTY) Cassia (STATE) Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 26 1967 3:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto collision

22. *I hereby certify that I attended the deceased from* ____, 19__, *to the death of* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

Investigated the death of

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L Fellmore	MD Coroner	Box 657 Burley, Ida	4-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 1, 1967	Riverside Cemetery	Heyburn, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 3 1967	Burk H. Pearson	Ormond J Burch	E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 715
Local Reg. No. 1666
Reg. Dist. No. 470

RECEIVED MAR 13 1967

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics): Burley
c. LENGTH OF [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Cassia Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 122 West Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle) H.; c. (Last) Kennedy

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Jan. 31, 1901

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months —; Days 27
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kingsfield, Maine

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Kennedy
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: 520-10-5680

17. INFORMANT'S OWN SIGNATURE: Jeanette Baldridge, ADDRESS: 831 Stratford, Salt Lake, Ut.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 492X Pneumonitis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Investigated the death of ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Fullmer M.D. Coroner

23b. ADDRESS: Box 657 Burley, Idaho

23c. DATE SIGNED: 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Mar. 6, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery

24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: Mar. 8, 1967

REGISTRAR'S SIGNATURE: Burk H. Pearson

25. EMBALMER: Ormand Burch

LICENSE NO.: E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 24 1983

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 716
Local Reg. No. 1668
Reg. Dist. No. 470

Certificate of Death

BIRTH NO. 67-1453 RECEIVED STATE OF IDAHO

MAR 13 1967
Bureau of Vital Stat.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hosp. 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): P.O. Box 338

3. NAME OF DECEASED (Type or Print)
a. (First): Dalena
b. (Middle): Lee
c. (Last): Bay

4. DATE OF DEATH (Month) (Day) (Year): Feb. 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Feb. 25, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 3; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Richard Dale Bay - Gooding, Idaho
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Wanda Mae Warner - Wendell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE ADDRESS: X Leonard Bay Gooding, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Prematurity. — 3 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1967, *to* Feb 28, 1967, *that I last saw the deceased alive on* Feb 28, 1967, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Kircher 283 MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-1967
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding Idaho.

DATE REC'D BY LOCAL REG.: Mar. 10, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: C-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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667-1453

Certificate of Death

STATE OF IDAHO

State File No. 717
Local Reg. No. 13
Reg. Dist. No. 210

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Orofino
LENGTH OF STAY (in this place): 2 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Rural--Deer Creek area

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM		BEST	Feb.	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Oct. 16, 1898	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Colorado Springs, Colo.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Best	Ohio	Sevilla Clarkson	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		700-05-1375	x Eulihu H. Best	Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Acute — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-14-66 1930 *to* Feb. 3, 1967, *that I last saw the deceased alive on* 10-22-66, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A B Rappenhagen M D	Orofino Idaho	2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb. 5 1967	Callahan & Edfast FH	Grand Junction Colo

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 6 1967	Josephine K. Gilbert	Lyle A. Stratmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 718
Local Reg. No. 14
Reg. Dist. No. 210

BIRTH NO.

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY IN (this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 1140 Michigan Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CLAUDE	HAGLER	PIPPENGER	Feb.	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Sept. 6, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Commercial hauling
10b. KIND OF BUSINESS OR INDUSTRY: Trucking
11. BIRTHPLACE (State or foreign country): Ida County Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Pippenger — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Nancy Elizabeth Hagler — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-50-2131
17. INFORMANT'S OWN SIGNATURE: X Wayne Pippenger — ADDRESS: Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Arteriosclerosis General

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec, 1960, *to* Feb, 1967, *that I last saw the deceased alive on* 3 Feb, 1967, *and that death occurred at* 5:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Orofino, Idaho	6 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 6 1967	Riverside	Orofino Idaho

DATE RECD BY LOCAL REGISTRAR	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 8, 1967	June M. Powell	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 719
Local Reg. No. 15
Reg. Dist. No. 210

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CV Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GRANT		BURNHAM	Feb. 5 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Feb. 6 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Timber	Ellington	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel H. Burnham	Missouri	Cecila Chitwood	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW I		X Pearl Sharp	Eugene, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHPNEUMONIA — INTERVAL BETWEEN ONSET AND DEATH: 4 DAY

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. EMPHYSEMA, ASTHMA — 5 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-1, 19 63, *to* 2-5, 19 67, *that I last saw the deceased alive on* 2-4, 19 67, *and that death occurred at* 3:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin A Reber	M.D.	Orofino, Idaho	2-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 8 1967	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 8, 1967	June M. Powell	Lyle A Stratmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 720
Local Reg. No. 16
Reg. Dist. No. 210

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 622 Lincoln Way

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) M. c. (Last) HUGHES

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: February 4, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Thornton, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Hughes — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Rozella Matoon — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: 519 30 4653
17. INFORMANT'S OWN SIGNATURE: Medical Records Evelyn Olsen — ADDRESS: Box 672 Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — Longstanding

DUE TO (c) Septal Infarction — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome due to arteriosclerosis — Several Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 8, 1966, *to* February 6, 1967, *that I last saw the deceased alive on* February 6, 1967, *and that death occurred at* 2:00 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William M. Russell M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: Feb. 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jaeger Funeral Home
24d. LOCATION (City, town, or county) (State): Rosalia Wash.

DATE REC'D BY LOCAL REG.: Feb. 6, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Stutzmann
LICENSE NO.: 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 721
Local Reg. No. 18
Reg. Dist. No. 210

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lenore
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NANCY	ELLEN	EBERHARDT	Feb. 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	23 Dec. 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher	Education	Elk Creek, North Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Andrew Weaver	No. Car.	Sarah Jane Mitchell	No. Car.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 56 1111-T	Walter Eberhardt	Lenore, Idaho

4222

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial fibrosis — 3 yrs
DUE TO (c) Cobolt radiation — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-31, 1967 *to* 2-7, 1967 *that I last saw the deceased alive on* 2-7, 1967, *and that death occurred at* 2:25 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	P.O. Box 746, Orofino, Idaho	2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	7 Feb 1967	Lewis-Clark Memo. Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 13, 1967	June M. Powell	W. E. Black	E-426

FIRM NAME: Malcom's Brower-Mann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 722
Local Reg. No. 17
Reg. Dist. No. 210

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN: Pierce
LENGTH OF STAY (in this place): 1-2-hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Silver Creek area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN: Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) NOLAN b. (Middle) R. c. (Last) WALLACE

4. DATE OF DEATH: (Month) Feb. (Day) 9 (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Jan. 30, 1914
9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Henderson Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE: ----
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 466-01-6386
17. INFORMANT'S OWN SIGNATURE: X Dorothy Wallace — ADDRESS: Pierce, Ida

9108

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Falling snag
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Clearwater forest
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pierce Clearwater Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 9 1967 8:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Crushed by falling snag

22. *I hereby certify that I attended the deceased from* never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: James D. Underdick (Degree or title): Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: Feb. 10 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moon Mortuary
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Feb. 10, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 6 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 6 1967

MAY 21 1987

FEB 05 1992

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 723
Local Reg. No. 19
Reg. Dist. No. 210

RECEIVED FEB 28 1967 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 5½ wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 1266 Forsman

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	RUTH	EVA	ZELLER	Feb.	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced	March 27 1917	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk-Stenographer	Public Health	Leith North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Anderson	Nebraska	Nancy Fahnestock	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		502-09-1025	x Mrs. A.P. Schilling	Orofino, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X BREAST CANCER — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
1/16/67	WIDE SPREAD METASTASES	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-10, 19 67, *to* 2-13, 19 67, *that I last saw the deceased alive on* 2-13, 19 67 *and that death occurred at* 5:05 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin A Kerby M.D.	Orofino, Idaho	2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 16 1967	Weseman	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 17 1967	Jacqueline K. Gillett	by C.R. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 4 1988

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 30 1988

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 724
Local Reg. No. 22
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Myron	Charles	Burrows	Feb. 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Aug. 5, 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
woods worker	lumber	San Francisco, Cal.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Burrows	Unknown	Ida Chambers	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			X Michael Burrows	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jerry D. Wunderlich	Coroner	Orofino, Idaho	Feb. 28, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 27, 1967	Weippe	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 28, 1967	June M. Powell	Lyle Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 725
Local Reg. No. 20
Reg. Dist. No. 210

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 24 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) JAMES; b. (Middle) O.; c. (Last) KELLOGG

4. DATE OF DEATH: (Month) February (Day) 20 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 23, 1880

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (State or foreign country): Michigan

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George W. Kellogg — BIRTHPLACE: Buffalo, New York

14. MOTHER'S MAIDEN NAME: Mary Sawyer — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 536-03-3895

17. INFORMANT'S OWN SIGNATURE: Records Christine Clemens — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial failure	30 minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized arteriosclerosis	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic brain syndrome with senile brain disease with paranoid features	Many years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1967, *to* Feb. 20, 1967, *that I last saw the deceased alive on* Feb. 20, 1967, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William M. Russell (Degree or title): M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: Feb. 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-22-67
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REGISTRAR: Feb. 23, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle A. Strottmann — LICENSE NO.: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 726
Local Reg. No. 21
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Marion
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grants Pass
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CECIL	CLARK	BRICKEY	February 20 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Never married	November 1, 1909	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown	Unknown	Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	Unknown	Unknown	Records Christine Plourde	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Bronchopneumonia, bilateral	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease with myocardial damage	several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Mental deficiency	50 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Feb. 14, 1967, *to* Feb 18, 1967, *that I last saw the deceased alive on* Feb. 20, 1967, *and that death occurred at* 4:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M. Russell	M.D.	Box 672, Orofino, Idaho	Feb. 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2-22-67	Riverside Cemetery	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 23, 1967	Irene M. Powell	Lyle A. Strottmann	476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

DUTIES:

MAY 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 22 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 727
Local Reg. No. 25
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ROY (aka Richard James) b. (Middle) c. (Last) BATTEN

4. DATE OF DEATH: (Month) February (Day) 23 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	1892 ?	74 ?				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Janitor	Unknown	Unknown	Unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown		442-10-7767	Records	Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — Many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with psychosis — Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb. 22, 1967, *to* Feb. 23, 1967, *that I last saw the deceased alive on* Feb. 23, 1967, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M. Russell M.D.	Box 672, Orofino, Idaho	Feb. 24, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 3, 1967	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 3, 1967	June M. Russell	Lyle A. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 728
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

RECEIVED MAR 6 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give V. or Township): Orofino
c. LENGTH OF STAY (in this place): 3 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CV Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ANNA		PISHL	Feb. 26 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	July 26, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Czechoslovakia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Cada	Czechoslovakia	unknown	Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Mrs. C. Pishl	Box 871 Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephro-Renal Syndrome
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Lymphocytic Leukemia

593X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1961, *to* Feb, 1967, *that I last saw the deceased alive on* 26 Feb, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Orofino Idaho	27 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb. 28 1967	Olson Funeral Home	Bemidji, Minn.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 27 1967	Josephine K. Gilbert	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 729
Local Reg. No. 24
Reg. Dist. No. 210

Certificate of Death

RECEIVED MAR 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): RELL

4. DATE OF DEATH (Month) (Day) (Year): February 27, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: October 29, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Rell — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Joahana Erickson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: 518 60 9886
17. INFORMANT'S OWN SIGNATURE: Medical Records Evelyn Olson — ADDRESS: Box 672 Orofino, Idaho

4200

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure, acute — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic heart disease — Several years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Schizophrenic reaction, chronic undifferentiated type — 46 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1967, *to* Feb. 27, 1967, *that I last saw the deceased alive on* Feb. 27, 19__, *and that death occurred at* 2:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William M. Russell (Degree or title): M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1967
REGISTRAR'S SIGNATURE: Jane M. Powell
25. EMBALMER: Lyle A. Strottmann — LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 15 1986

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 0 5 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 730
Local Reg. No. 16
Reg. Dist. No. 380 391

BIRTH NO. 67-1474

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (If in hospital):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 495 W. 12th N.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): RUSSELL
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): February 2, 1967

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: February 2, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours ✓ / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY: Infant
11. BIRTHPLACE (State or foreign country): Mountain Home, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack Everett Allen — BIRTHPLACE: King Hill, Idaho
14. MOTHER'S MAIDEN NAME: Shirley L. Graham — BIRTHPLACE: Portland, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Jack E Allen — ADDRESS: Mt. Home, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7735

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — Hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mother - placenta previa — —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1, 1967, *to* Feb. 2, 1967, *that I last saw the deceased alive on* Feb. 2, 1967, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone [illegible] MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Feb 3 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 6 67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Feb 7 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature] Smith Mortuary
LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1-67-1474

State File No. 731
Local Reg. No. 17
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 33 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 170 Alturas Drive

3. NAME OF DECEASED (Type or Print)
a. (First): SAMUEL
b. (Middle): LLOYD
c. (Last): MARKHAM

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: August 30, 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Industry
11. BIRTHPLACE (State or foreign country): Fairview, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. A. Markham — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Harriet Gull — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-9793
17. INFORMANT'S OWN SIGNATURE: Monterey Markham — ADDRESS: Mt. Home, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — months
DUE TO (c) Coronary Artery Disease — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Feb. 6, 1967, *that I last saw the deceased alive on* Feb. 5, 1967, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: Feb. 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/10/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Feb 8 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 732
Local Reg. No. 18
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 67 Tac Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
d. STREET ADDRESS (If rural, give location): 67 Combat Support Group

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WILLIAM	FRANCIS	BARLOW	FEB	12	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	CAU	Never married	21 May 44	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
USAF	USAF	Seattle, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PAUL JOHN BARLOW	WASHINGTON	FRANCES A. (unknown)	P.E.I. Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	18 Feb 65-12 Feb	531-44-0263	Medical Rcds, AF Fm 246, Rec Emer Data	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot Wound of Brain — INTERVAL BETWEEN ONSET AND DEATH: 6 hr 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Barracks	MOUNTAIN HOME AFB	ELMORE	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]	21f. HOW DID INJURY OCCUR?
Feb	12	67	0230 hr.		Allegedly self inflicted

22. *I hereby certify that I attended the deceased from* 12 Feb *1967, to* 12 Feb *, 1967, that I last saw the deceased alive on* 12 Feb *, 1967, and that death occurred at* 0850 *m., from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Benjamin I Fedlshuh BENJAMIN I FEDLSHUH CAPT USAF MC M.D.	MTN HOME AFB, IDAHO	13 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/16/67	Issaquah, Washington	Issaquah, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb 15 1967	[signature]	[signature] Smith Mortuary	Mtn. Home, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

APR 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 733
Local Reg. No. 19
Reg. Dist. No. 380 391

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

FEB 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mt. Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 17 West on Interstate 80

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1223 Martin

3. NAME OF DECEASED (Type or Print)
a. (First): Sharon
b. (Middle): Ann
c. (Last): Swenson

4. DATE OF DEATH (Month) (Day) (Year): Feb. 13, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 14, 1944
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Charles Dragoo — BIRTHPLACE: Neb.
14. MOTHER'S MAIDEN NAME: Shirley Pullen — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 572-64-7766
17. INFORMANT'S OWN SIGNATURE: Wilson Kellogg — ADDRESS: Boise

8224

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Brain Trauma

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Fracture of frontal skull with pit wound above left eye.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Crushing injuries of upper chest.

INTERVAL BETWEEN ONSET AND DEATH: seconds

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural - Mountain Home, Elmore, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 13, 1967 10:00 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Victim driver of single car roll-over.

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *, 19__, to, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Smith, Coroner
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: Feb 20 1967
~~REGISTRAR'S SIGNATURE~~: A. Anderson
25. EMBALMER: Arthur Smith — LICENSE NO. E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 9 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 734
Local Reg. No. 20
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED STATE OF IDAHO

FEB 23 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ELMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN HOME AFB, IDAHO
c. LENGTH OF STAY (in this place): 2½ mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 67 Tac Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ELMORE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDAHO
d. STREET ADDRESS (If rural, give location): 4706A Jefferson Place

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LUCY	MARIE	BARNES		FEB	15	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	CAU	Married	30 Jun 39	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	-	Buckeye, Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
THOMAS WM. MORRIS	CASHION, ARIZONA	EMMA MAE (Unknown)	CANADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Husband)	ADDRESS
No		530-26-0085	GAREY MANARD BARNES	MTN HOME AFB, IDA.

9218

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) POISONING BY MEPROBAMATE — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Allegedly Suicide	At Home	MOUNTAIN HOME AFB	ELMORE	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
FEB	15	67	unk-nown		Allegedly took overdose of meprobamate

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 0730 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE, NAME AND (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Benjamin I Feldshuh CAPT USAF MC	Box 3318, MT. HOME AFB, IDAHO	17 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/17/67	Roseville, California	Roseville, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 20 1967	[signature]	Arthur Smith	E-403

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 1 0 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 735
Local Reg. No. 21
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) Mountain Home

3. NAME OF DECEASED (Type or Print)
a. (First) MRS. b. (Middle) IDA c. (Last) MAE JONES

4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 40, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Camden, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 087-20-9468
17. INFORMANT'S OWN SIGNATURE Rodney C. Jones — ADDRESS Mt. Home, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca (R) Breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [illegible] M.D.
23b. ADDRESS 890 N 6 E Mt Home Ida
23c. DATE SIGNED 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 2/21/67
24c. NAME OF CEMETERY OR CREMATORY Mt. View Crematory
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. Feb 20 1967
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER Arthur Smith
LICENSE NO. E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 736
Local Reg. No. 22
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 145 North 2nd East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 145 North 2nd East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	F	ENGLEHART	Feb. 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married	June 25, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired-carpenter	construction	Hiawatha, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
S. C. Englehart	Kansas	Austa G. Harmon	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	523-07-8630A	Mary F. Englehart	Mt. Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ASHD

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	2/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/23/67	Mt. View Cemetery	Mtn. Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 28 1967	[illegible]	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 2 2 2015

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 737
Local Reg. No. 23
Reg. Dist. No. 380 391

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 560 North 4th East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	FRANCES	AKE	Feb. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	never married	Sept. 23, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Ake		Laura Ford	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Paul Montgomery	Mt. Home, I.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4200 CVA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Pneumonitis
DUE TO (c) Hypertensive Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH
(a) Days
(b) Days
(c) Years
Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 16, 19 67 *to* Feb 21, 19 67, *that I last saw the deceased alive on* Feb 16, 19 67, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melvin Jacobs	M.D.	Mountain Home Idaho	2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/24/67	Mt. View Cemetery	Mtn. Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 28 1967	[signature]	[signature]	E-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 738
Local Reg. No. 24
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 2 0 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mtn. Home Job Corps (Residence)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MTN. Home
d. STREET ADDRESS (If rural, give location): E. of City

3. NAME OF DECEASED (Type or Print)
a. (First): RICHARD
b. (Middle): WARREN
c. (Last): LITTLE

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1967

5. SEX: Male
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 30, 1916
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Superintendent
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: John Little — BIRTHPLACE: U.S.A
14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 517-07-8235
17. INFORMANT'S OWN SIGNATURE: X [signature] Eileen Little — ADDRESS: Mt. Home, Ida.

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Art. Disease — years.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1966, *to* Feb 28, 1967, *that I last saw the deceased alive on* Feb. 24, 1967, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malone N. Kolsch MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: March 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Mar 13 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: H. Neil Humphrys — LICENSE NO.: E-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 739
Local Reg. No. 5
Reg. Dist. No. 540

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

FEB 15 1967

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston Bureau of V.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 261 E 1st S

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 261 E 1st S

3. NAME OF DECEASED (Type or Print)
a. (First) Julia Olive
b. (Middle) Keller
c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) Feb 4, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH May 6, 1894
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Amos Keller — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Hannah Roberts — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Douglas Nelson — ADDRESS Mink Creek, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19—, to ——, 19—, that I last saw the deceased alive on ——, 19—, and that death occurred at 5 A m., from the causes and on the date stated above.*

23a. SIGNATURE Clay Loeffler M (Degree or title)
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 7, 1967
24c. NAME OF CEMETERY OR CREMATORY Preston Cemetery
24d. LOCATION (City, town, or county) (State) Preston, Idaho

DATE REC'D BY LOCAL REG. 2-7-67
REGISTRAR'S SIGNATURE Effie W. Brower
25. EMBALMER O. Sherwin Webb — LICENSE NO. 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 740
Local Reg. No. 6
Reg. Dist. No. 540

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt P. O. Box 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weston
d. STREET ADDRESS (If rural, give location): P. O. Box 101

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ULMER
c. (Last): BRIGGS

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Dec 16, 1905
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Signal maintenance
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific RR
11. BIRTHPLACE (State or foreign country): East Portage, Box Elder, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CHARLES Q. BRIGGS — BIRTHPLACE: Salina, Utah
14. MOTHER'S MAIDEN NAME: SARAH CHARLOTTE TIMS — BIRTHPLACE: East Portage, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Edwin C. Burger — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Gunshot wounds — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Weston — (COUNTY): Franklin — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 10 674pm
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Gunshot

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — 23b. ADDRESS: Preston, Idaho — 23c. DATE SIGNED: Feb. 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: Feb 13, 1967
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL SERVICE, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 22 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 741
Local Reg. No. 7
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin — MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Preston
c. LENGTH OF STAY (In this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home route #2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Preston
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Elna	Bright	Larsen	Feb 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	married	Nov 20, 1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Glencoe, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jaron A. Bright	Franklin, Idaho	Elna A. Skidmore	Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-58-1321	Dale Larsen	Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary Occlusion	1 hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary Embolism	2 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 16, 1967 *to* Feb 16, 1967, *that I last saw the deceased alive on* Feb 16, 1967, *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. R. Cutler MD	Preston Idaho	2-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 21, 1967	Mink Creek Cemetery	Mink Creek, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-21-67	Effie W. Brower	Douglas S. Webb	488

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 742
Local Reg. No. 12
Reg. Dist. No. 651

RECEIVED FEB 10 1967 Bur. Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony-Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Canal 12Mi SW

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony-Rural
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print)
a. (First): NYAL
b. (Middle): JOSEPH
c. (Last): HANKS

4. DATE OF DEATH (Month) (Day) (Year): Feb., 2, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 10, 1964
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Max Sidney Hanks — BIRTHPLACE: Parker, Idaho
14. MOTHER'S MAIDEN NAME: Lois Quayle (Heman) — BIRTHPLACE: St. Anthony #2, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Max S. Hanks — ADDRESS: RFD#2 St. Anthony, Idaho

9298

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Canal
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Anthony, RFD#2, Fremont, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb., 2, 1967 4 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Playing with older brother on ice covering canal when he fell into cana

22. *I hereby certify that I attended the deceased from* DOA *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul Romrell — Coroner
23b. ADDRESS: POB 123 St Anthony
23c. DATE SIGNED: 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7 Feb., 1967
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Fremont, Idaho

DATE REC'D BY LOCAL REG.: 5 Feb 67
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: M. L. Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 743
Local Reg. No. 14
Reg. Dist. No. 650

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

FEB 20 1967

515

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 15 Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont Gen. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Rural
d. STREET ADDRESS (If rural, give location): RFD#2

3. NAME OF DECEASED (Type or Print)
a. (First): WILBUR
b. (Middle): REECE
c. (Last): RICHARDS

4. DATE OF DEATH (Month) (Day) (Year): Feb., 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 20 Dec 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 1, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. Operator
10b. KIND OF BUSINESS OR INDUSTRY: Fremont County
11. BIRTHPLACE (State or foreign country): St. Anthony RFD#1 (Twin Groves. Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Ralph Richards — BIRTHPLACE: Malad, Idaho
14. MOTHER'S MAIDEN NAME: Selina Hathaway — BIRTHPLACE: North Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-7836
17. INFORMANT'S OWN SIGNATURE: Miles H. Weaver — ADDRESS: St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery Hardening — 6 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1967, *to* 2-10, 1967, *that I last saw the deceased alive on* 2-10-67, 19__, *and that death occurred at* 9 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert R. Stuart, MD
23b. ADDRESS: St. Anthony Ida
23c. DATE SIGNED: 2/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 14 Feb 67
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 14 Feb 67
REGISTRAR'S SIGNATURE: M. D. Hansen
25. EMBALMER: M. D. Hansen
LICENSE NO.: E-364

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 24 1967

SEP 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 744
Local Reg. No. 9
Reg. Dist. No. 340-341

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
Statistics OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Emmett Valley Manor

3. NAME OF DECEASED (Type or Print): a. (First) William; b. (Middle) Alexander; c. (Last) Womack

4. DATE OF DEATH (Month) (Day) (Year): Feb. 2, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: June 2, 1879

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR Months: 8 Days: 0 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): builder

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Falk Store, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alexander Selkirk Womack — BIRTHPLACE: Athens. Mo.

14. MOTHER'S MAIDEN NAME: Phebe Ann Perkins — BIRTHPLACE: Athens, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY: 567 30 4933A

17. INFORMANT'S OWN SIGNATURE: Lucie Womack Swanson — ADDRESS:

4221

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-28 *19* 62 *, to* 2-2 *, 19* 67 *, that I last saw the deceased alive on* 2-2 *, 1967 , and that death occurred at* 10:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Howerton M.D.
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 14 1967
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 745
Local Reg. No. 8
Reg. Dist. No. 340-341

Certificate of Death

RECEIVED
FEB 20 1967
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Martin
b. (Middle): Vanburen
c. (Last): Sumner

4. DATE OF DEATH (Month) (Day) (Year): February 3, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: March 12, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months 10, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): loader
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Carroll Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Daniel Sumner — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-3137
17. INFORMANT'S OWN SIGNATURE: X Martin Sumner Jr. — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C V A — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* Feb. 3, 1967, *that I last saw the deceased alive on* 2-3, 1967, *and that death occurred at* 2:45P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 4 Feb. 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Feb. 15 1967
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 746
Local Reg. No. 10
Reg. Dist. No. 340-34

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route (East 7th)

3. NAME OF DECEASED (Type or Print): a. (First) Horace b. (Middle) C, c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): February 3, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: Nov. 5, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months: 2 Days: 28
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): fire guard & farmer

10b. KIND OF BUSINESS OR INDUSTRY: forest service

11. BIRTHPLACE (State or foreign country): Council, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Horace W. Anderson
BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Delilah Ann Lane
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 18 3140A

17. INFORMANT'S OWN SIGNATURE: Irene Crawley
ADDRESS: E. 7th St. Ext. W.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-4, 1961, *to* Feb. 3, 1967, *that I last saw the deceased alive on* 2-2, 1967, *and that death occurred at* 6:00P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E Johnson M.D.

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 7, 1967

24c. NAME OF CEMETERY OR CREMATORY: Council

24d. LOCATION (City, town, or county) (State): Council, Idaho

DATE REC'D BY LOCAL REG.: Feb. 14, 1967

REGISTRAR'S SIGNATURE: Jean C Beatty

25. EMBALMER: Glenn W Beatty — LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

...ment. ...uneral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...e answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 747
Local Reg. No. 11
Reg. Dist. No. 340-341

RECEIVED
FEB 2 0 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Emmett Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): No. Johns

3. NAME OF DECEASED (Type or Print): a. (First) Scott; b. (Middle); c. (Last) Jones

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 12, 1874

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months 6 Days 21
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: X Pastor A. T. Bidwell
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Emphysema

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-25, 19 54, *to* 2-4, 19 67, *that I last saw the deceased alive on* 2-14, 19 66, *and that death occurred at* 8:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Holmes M D

23b. ADDRESS: Emmett, Idaho

23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Feb. 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sweet

24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Feb 14 1967

REGISTRAR'S SIGNATURE: Jean C Beatty

25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 748
Local Reg. No. 13
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shady Lane Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Ida b. (Middle) Harris c. (Last) Lee

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: April 10, 1891

9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months/Days: 9 26 | IF UNDER 24 HRS. Hours/Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Commanche, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harris
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 448-12-2490

17. INFORMANT'S OWN SIGNATURE: Ida Lee
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive Heart failure — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive cardiovascular disease — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-6, 1967, *to* Feb. 6, 1967, *that I last saw the deceased alive on* 1-14, 1967, *and that death occurred at* 1:45P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Halverson MD
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Twin Falls County, Idaho

DATE REC'D BY LOCAL REG.: Feb 14 1967
REGISTRAR'S SIGNATURE: Jesse A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 749
Local Reg. No. 12
Reg. Dist. No. 340 341

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 30 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wilmer	Conway	Brogan	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	never married	Sept. 26, 1914	52	4	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer	farm	Smith Co., Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rol Brogan	Thomas Co., Kansas	Maggie L. Gates	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-30-0715	X Richard F. Martin	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* approx 3:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harmon E. Holverson MD	Emmett, Idaho	2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 8, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 14, 1967	Jean A Beatty	Glenn W Beatty	E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 15 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 750
Local Reg. No. 15
Reg. Dist. No. 342-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 411 So. Wardwell

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Della	Pearle	Stippich	February 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	Married	March 27, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Salem, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John T, Sanders	Ill.	Grace Medland	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519 05 9679	James C Stippich	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Since Nov 26 1966 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Complicated by Congestive Heart failure
DUE TO (c) & Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1967, *to* Feb 9, 1967, *that I last saw the deceased alive on* Feb 9, 1967, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald R Lawrence MD	Emmett Idaho	Feb 13 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 13, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 13 1967	Jean C Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

66-9443

BIRTH NO.

RECEIVED

FEB 20 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 751
Local Reg. No. 14
Reg. Dist. No. 340-341

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boise
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Crouch
d. STREET ADDRESS (If rural, give location): Banks Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Larry
c. (Last): Hamilton

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Sept. 25, 1966
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 17; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): child
10b. KIND OF BUSINESS OR INDUSTRY: none
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gerald James Hamilton — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Roberta May Estes — BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Gerald J Hamilton — ADDRESS: STAR RT BANKS, IDA

493X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute fulminating pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12 *19*67, *to* 2-12, *19*67, *that I last saw the deceased alive on* ----, *19*___, *and that death occurred at* DOA A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harmon E. Holverson MD
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Feb. 15, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty — LICENSE NO. E392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: The Beatty Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 752
Local Reg. No. 16
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 28 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): East 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle):
c. (Last): Helmer

4. DATE OF DEATH (Month) (Day) (Year): Feb. 21, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 7, 1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 0, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Culbertson, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Ritter — BIRTHPLACE: Russia
14. MOTHER'S MAIDEN NAME: ~~Sohia Reisbick~~ — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Henry J Helmer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CONGESTIVE HEART DISEASE

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): FOLLOWING ACUTE MYOCARDIAL INFARCTION
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: DIABETES MILLITUS HYPERTENSION ~~YES~~

INTERVAL BETWEEN ONSET AND DEATH: DEC 8 1966 — YEARS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 66, *to* Feb. 21, 19 67, *that I last saw the deceased alive on* Feb. 21, 19 67, *and that death occurred at* 12:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson MD (Degree or title)
23b. ADDRESS: 105 W 2nd St Emmett Ida
23c. DATE SIGNED: 2/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Feb. 25, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 753
Local Reg. No. 18
Reg. Dist. No. 240-34

BIRTH NO.

RECEIVED MAR 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 4 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 610 East 5th St.

3. NAME OF DECEASED (Type or Print): a. (First) Clara; b. (Middle) I.; c. (Last) Trevey

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Sept 5, 1881

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months: 5; Days: 21
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): St. Charles Co., Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Leander Thayer Henry
BIRTHPLACE: Missouri St. Charles Co.

14. MOTHER'S MAIDEN NAME: Adeline Virginia Miller
BIRTHPLACE: St. Charles Co., Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-58-9513

17. INFORMANT'S OWN SIGNATURE: X Virginia Watkins
ADDRESS: Emmett

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Pulmonary infarcts — 1 week
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 45, *to* Feb. 26, 19 67, *that I last saw the deceased alive on* Feb 26, 19 67, *and that death occurred at* 2:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], MD
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Feb. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Parkview
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: Feb. 28, 1967
REGISTRAR'S SIGNATURE: Glenn W Beatty

25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 754
Local Reg. No. 2930
Reg. Dist. No. 420

BIRTH NO. RECEIVED FEB 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 1141 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1141 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Parlon b. (Middle) Deceles c. (Last) Bateman

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 5, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 4, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): West Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Christopher Bateman
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Lavina Higgins
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Ila D. Bateman
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* May 2, 1966, 19__, *that I last saw the deceased alive on* May 2, 1966, *and that death occurred at* 12:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin V. Knight M.D.
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: Robert Meyer
25. EMBALMER: Robert Meyer
LICENSE NO.: E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 755
Local Reg. No. 2932
Reg. Dist. No. 420

BIRTH NO. FEB 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1016 Idaho Street

3. NAME OF DECEASED (Type or Print)
a. (First): Alice
b. (Middle): Elizabeth
c. (Last): Blank

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Rasser Province, Canada
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13. FATHER'S NAME: Danial Childerhose — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Eliza Hutton — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-9643
17. INFORMANT'S OWN SIGNATURE: Fred A Blank — ADDRESS: Gooding

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 25 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* 6 Feb, 1967, *that I last saw the deceased alive on* 6 Feb, 1967, *and that death occurred at* 6 30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bernard H. Colmerno
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 2-11-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer
LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 756
Local Reg. No. 2933
Reg. Dist. No. 420

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hagerman
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) O.C. Smith farm, South of Bliss in Hagerman Valley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Rt. #1 Hagerman
d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print) a. (First) Harland b. (Middle) James c. (Last) Bell

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 23, 1909
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Hagerman, Idaho
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Ray Piper Bell BIRTHPLACE
14. MOTHER'S MAIDEN NAME Maude Blackhart BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-09-7987
17. INFORMANT'S OWN SIGNATURE from Records ADDRESS Robert Meyer Thompson Chapel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/21

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken Neck — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Crushed Rt. Chest

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm
21c. (CITY, TOWN, OR TOWNSHIP) Rural Hagerman (COUNTY) Gooding (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 6, 1967 11:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Overturned Tractor

22. ~~I hereby certify that I attended the deceased from~~ Broken Neck, 19__, to Oct 19__, that I last saw the deceased ~~alive on~~ ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE Adam J. Schubert Justice (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 10 Feb. '67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY Hagerman Cemetery
24d. LOCATION (City, town, or county) (State) Hagerman, Idaho

DATE REC'D BY LOCAL REG. 2-11-67
REGISTRAR'S SIGNATURE Robert Meyer
25. EMBALMER Robert Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 757
Local Reg. No. 2935
Reg. Dist. No. 420

BIRTH NO.

FEB 2 8 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Corrall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Ernest	Foster	Feb. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 30, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Grove Springs, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry C. Foster	Missouri	Emma Caldon	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		518-42-0841	Bonnie Foster	Gooding

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.
Right Hemisphere

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Feb 1967 *to* 10 Feb, 1967, *that I last saw the deceased alive on* 10 Feb, 1967, *and that death occurred at* 7:36 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Samuel H. Haines MD	Gooding Idaho	11 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 13, 1967	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Katherine Meyer	Calen L. Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 2 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 758
Local Reg. No. 2934
Reg. Dist. No. 420

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 312 "A" Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LEE		MATHEWS	2	10	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	7-9-91	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Bath, Ill.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Caroline Huston Amelia Mary Mathews — BIRTHPLACE: Bath, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
16. SOCIAL SECURITY NO.: 518 28 7743-A
17. INFORMANT'S OWN SIGNATURE: Rupert Idaho. — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma rt. lower lobe of lung, massive — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema, pulmonary, severe — years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 1, 1966, *to* Feb. 10, 1967, *that I last saw the deceased alive on* Feb. 10, 1967, *and that death occurred at* 4:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. W. Morris M.D.	Tyler Hall, Gooding, Ida.	2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-14-67	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
2-20-67	Robert Meyer	Robert Meyer Thompson Chapel Gooding Ida	E-424

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 10 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Dr. B.A. Bolmer

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

State File No. 759
Local Reg. No. 2936
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 723 Wyoming Street

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Oscar c. (Last) Browning

4. DATE OF DEATH (Month) (Day) (Year) Feb. 14, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April, 25, 1880

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Fairmont, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Browning
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Mary Riley
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 545-32-1076

17. INFORMANT'S OWN SIGNATURE Maxine L. Browning
ADDRESS

MEDICAL CERTIFICATION

331X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH 7 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1963 *to* 14 Feb, 1967, *that I last saw the deceased alive on* 12 Feb 1967, *and that death occurred at* 12 noon, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) C.A. Bolmer MD
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 14 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 2-20-67
REGISTRAR'S SIGNATURE Kathleen Meyer
25. EMBALMER Kathleen Meyer
LICENSE NO. E-424
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 18 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 760
Local Reg. No. 2931
Reg. Dist. No. 426

BIRTH NO.

MAR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding County Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): Mae
c. (Last): Baker

4. DATE OF DEATH (Month) Feb. (Day) 20 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-20-1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): FirGrove, Idaho. (Blain County)
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Hyrum B. Lee — BIRTHPLACE: Tooela, Utah.
14. MOTHER'S MAIDEN NAME: Alice E. Dixon — BIRTHPLACE: Harrisville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Robert S. Meyer — ADDRESS: from records of Thompson Chapel

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Feb, 1967, *to* 20 Feb, 1967, *that I last saw the deceased alive on* 20 Feb, 1967, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Tamar H. Bodmer M.D.
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 24 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-23-1967
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county): Gooding (State): Idaho.

DATE REC'D BY LOCAL REG.: 3-1-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer
LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. SEP 24 1990

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 761
Local Reg. No. 8
Reg. Dist. No. 240

RECEIVED MAR 2 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Edward
c. (Last): Lahe

4. DATE OF DEATH (Month) (Day) (Year): Feb. 5, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Sept. 9, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Electra, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Lahe — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Luella Blevins — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 519-16-7781
17. INFORMANT'S OWN SIGNATURE: Minnie Lahe — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prob. CVA — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): (See report per
DUE TO (c): Deputy Heath & Deceased Bro.-in-

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Law Chas. Fischer McCall
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 10 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: Milton H. Wittse (Degree or title) M.D.
23b. ADDRESS: Grangeville Ida.
23c. DATE SIGNED: 20 Feb. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-8-67
24c. NAME OF CEMETERY OR CREMATORY: Payette
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: Feb. 27 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 762
Local Reg. No. 11
Reg. Dist. No. 240

BIRTH NO.

RECEIVED STATE OF IDAHO

MAR 1 0 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN: Harpster
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Usual Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harpster
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	NORA	WHITLOCK	ALTMAN		Feb.	14,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	10 Aug. 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Evensville, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kress	Indiana	Phoebe Bolon	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 60 7501	Loren W Whitlock	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occ.	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-25-, 1967, *to* 2-14, 1967, *that I last saw the deceased alive on* 1-30, 1967, *and that death occurred at* 4 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Carrson M.D.	9th & Main Lewiston Ida	2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	17 Feb 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67	Irma Cone	L. E. DeBaun	E-295

Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 763
Local Reg. No. 9
Reg. Dist. No. 240

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird
c. LENGTH OF STAY (in this place): Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ida Pine Mill

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Whitebird
d. STREET ADDRESS (If rural, give location): Whitebird, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): OTTO ADOLF
b. (Middle): ROLLAND
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): February 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: February 7, 1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millwright
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Thornton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Otto Edward Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Hilma A. Larsen — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 530 07 4509
17. INFORMANT'S OWN SIGNATURE: Frances Anderson — ADDRESS: Whitebird, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Followed, 19__, *to* Dr. Soltman, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 10:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse, M.D.
23b. ADDRESS: Grangeville, Ida.
23c. DATE SIGNED: 23 Feb. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/20/1967
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: Mar. 1, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R. Hansen — Robert R. Hansen
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 8 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 29 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 764
Local Reg. No. 2
Reg. Dist. No. 242

Certificate of Death

RECEIVED
MAR 1 0 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): HARRIET
b. (Middle): MARIE
c. (Last): CARLISLE

4. DATE OF DEATH (Month) (Day) (Year): Feb 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 12, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Antigo, Wisconson
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman Wirth — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Ana Marie Fengler — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 26 8026
17. INFORMANT'S OWN SIGNATURE: George V Carlisle — ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2001

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Autopsy was arranged for both pathologist Not available,
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1953, 19__, *to* Feb. 23, 19 67, *that I last saw the deceased alive on* Feb. 22, 1967, *and that death occurred at* 12:20A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wesley F. Orr MD
23b. ADDRESS: Cottonwood, Idaho
23c. DATE SIGNED: 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/67
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: Feb 28, 1967
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by M.
25. EMBALMER: Robert R. Hansen — Robert R. Hansen
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 765
Local Reg. No. 3
Reg. Dist. No. 242

Certificate of Death

RECEIVED
MAR 1 0 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood 5 mi W
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cottonwood Job Corp Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Eugene
b. (Middle): Gordon
c. (Last): Jacobe

4. DATE OF DEATH (Month) Feb (Day) 24 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 27 1921
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maint. Supervisor
10b. KIND OF BUSINESS OR INDUSTRY: Forest Service
11. BIRTHPLACE (State or foreign country): Bloomington, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Louis Jacobe — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Rose Alma Klienbach — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 11 41-46
16. SOCIAL SECURITY NO.: 515 03 4799
17. INFORMANT'S OWN SIGNATURE: D. Joan Peele — ADDRESS: Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9148

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrocution — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Coronary Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at work
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Cottonwood J.C. Center, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 24, 67 930A m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Electrocution

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* approx. 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse, M.D.
23b. ADDRESS: Grangeville, Ida.
23c. DATE SIGNED: 1 Mar. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 28 67
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: Mar 6, 1967
REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. by TN.
25. EMBALMER: [signature] Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 766
Local Reg. No. 10
Reg. Dist. No. 240

RECEIVED

Certificate of Death

STATE OF IDAHO

MAR 1 01967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slatecreek
LENGTH OF STAY (in this place) 13 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Slatecreek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Slatecreek
d. STREET ADDRESS (If rural, give location) Slatecreek, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	A	STEVENS	February 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	August 23, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Farming	Dagolia, Pennseylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Stevens	Unknown	Frances Sweet	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 38 9040	Owen L. Stevens	Slatecreek

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4202

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Ch — INTERVAL BETWEEN ONSET AND DEATH 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 5:55 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm C Morrison MD	Grangeville, Id.	Mar 2, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/1/67	John Day Cemetery	Riggins Rural

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 4, 1967	Irma Cone	Robert R. Hansen	E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician. Pronounced Dead on arrival at Orangeville, Idaho. Pt. had been under treatment for angina pectoris by another physician. Pt. suddenly collapsed at home.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 767
Local Reg. No. 7
Reg. Dist. No. 640

Certificate of Death

RECEIVED

STATE OF IDAHO

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson — MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): North of Roberts
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1301 June Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Michael	J.	McKnight	January 23 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 10, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	COnstruction	Bay City, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael McKnight	USA	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	381 03 2978	Viola McKnight	Idaho Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Snake River	North of Roberts	Jefferson	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
January 23 1967 ? m.	WHILE AT WORK [X] NOT WHILE AT WORK [ ]	had Apparently Attempted to park or turn car around & ran into river

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 4:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Truman Hall Coroner		Rigby, Idaho	2/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	1/31/67	Rose Hill Cemetery	Idaho Falls	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/5/67	Mrs A B Eckersell	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 768
Local Reg. No. 8
Reg. Dist. No. 640

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview Rural
c. LENGTH OF STAY (In this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview Rural
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) b. (Middle) c. (Last): EARNEST ELROY JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): February 25, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 9, 1916

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheep herder

10b. KIND OF BUSINESS OR INDUSTRY: Sheep

11. BIRTHPLACE (State or foreign country): Lexington, Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 329-14-0372

17. INFORMANT'S OWN SIGNATURE: Mrs A B Eckersell
ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9767

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gunshot wound in head
INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on farm
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Monteview, Jefferson, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb. 25, 1967 8:30 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted gun shot wound.

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* [illegible] *and that death occurred at* 8:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Norman Hall
(Degree or title): Coroner
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 2 MAR 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2 MAR 67
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: May 2 1967
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 769
Local Reg. No. 965
Reg. Dist. No. 440

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 2, Box 78

3. NAME OF DECEASED (Type or Print)
a. (First): FELTON
b. (Middle): STEIN
c. (Last): PANGLE

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 11, 1903
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook
10b. KIND OF BUSINESS OR INDUSTRY: Maritime Service
11. BIRTHPLACE (State or foreign country): Louisville, Ky.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Pangle — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Ethel Walsh — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 538 01 2207
17. INFORMANT'S OWN SIGNATURE: X Mrs. Elsie Pangle — ADDRESS: Rt. 2, Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 8 days
DUE TO (c) Coronary Atherosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/9/67, 19__, *to* death, 19__, *that I last saw the deceased alive on* 2/17, 1967, *and that death occurred at* 1:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold [illegible] Holsinger
23b. ADDRESS: [illegible] Wendell Idaho
23c. DATE SIGNED: 2/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Feb. 24, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 11 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 770
Local Reg. No. 966
Reg. Dist. No. 440

BIRTH NO.

RECEIVED FEB 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural-Hunt dist.)
d. STREET ADDRESS (If rural, give location): Rt. 4, Box 144

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	HARWOOD	MATTESON	Feb. 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 31, 1920	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ditch Maint.	Irrigation	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arnold C. Matteson	Oklahoma	Hazel Johnson	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 14 4881	X Gloria L. Matteson	Rt. 4, Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-27-63, 19____, *to* 2-19-67, 19____, *that I last saw the deceased alive on* 2-19-, 1967, *and that death occurred at* 9:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Schell M.D.	Wendell, Idaho	2-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 23, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 24, 1967	Louessa M. Nelson	W. L. Hove	E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 771
Local Reg. No. 964
Reg. Dist. No. 440

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt 1 Jerome
d. STREET ADDRESS (If rural, give location): Rural, Rt 1. Jerome Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Mina	Viola	Deahl	February 20 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 20 1886	80	7	00		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
At Home	Farming	Wyomore Nebraska	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Taylor	Illinois	Not Known	Not Known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-8671	Frances Deahl	Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) mitral H+ disease — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec 11, 1967 *to* Feb 20, 1967, *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* 7:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Moat MD.	Jerome Idaho	2/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 23.1967	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
Feb. 21, 1967	Lorena M. Scherer	J. P. Wiley	Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wiley Lic. No E 258 at Jerome Idaho on Feb 20-67

ADDITIONAL REMARKS by Physician

Certificate of Death

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 772
Local Reg. No. 967
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARTIN	C.	HUBER	Feb. 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 10, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (ret)	Agriculture	Fairbury, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Huber	Ontario, Canada	Katherine Dager	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 42 7146	X Tom Huber	Rt. 2, Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic hypertension — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8/24, 1961, *to* Feb 20, 1967, *that I last saw the deceased alive on* Feb 19, 1967, *and that death occurred at* 2:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James E. Hoaf M.D.	Jerome Ida	2/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 23, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 24 1967	Louella M. Schirer	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAR 8 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 773
Local Reg. No. 969
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hosp.& N.H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harvey		Lance	February 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	July 29, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Agriculture	Mountain Home, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Lance	Georgia		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-10-2892	Vernon Lance	Eden, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 4 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1955 *to* 2-24, 1967, *that I last saw the deceased alive on* 2-23, 1967, *and that death occurred at* 2:15 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Parker, M.D.	Jerome	6 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 28, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 7 1967	Louella M. Detherer	Ronald J. Hamilton	E-470

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 13 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 774
Local Reg. No. 768
Reg. Dist. No. 440

RECEIVED Bureau of Vital Statistics MAR 6 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN: Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 115 Yellowstone Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LENNA	LUCILLE	HUDSPETH	Feb. 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married	May 2, 1898	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Green Forest, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henderson Phillips	Arkansas	Cora Hart	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		-	X Mary Hudspeth Sr	Jerome, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral thrombosis pneumonia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis Heart	4 days
DUE TO (c)	atrial fibrillation	2 months
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb 28, 1967, *to* [illegible], 19[illegible], *that I last saw the deceased alive on* Feb 28, 1967, *and that death occurred at* 11:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Hove MD	Jerome Ida.	3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 3, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 3 1967	Lorena M. Acheson	W. L. Hove	E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 775
Local Reg. No. 36
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN: Coeur d' Alene
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pinewood Manor N. H.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 609 Best

3. NAME OF DECEASED (Type or Print): a. (First) Otto; b. (Middle) A.; c. (Last) Nierstheimer

4. DATE OF DEATH: (Month) Jan. (Day) 2, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3-27-1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landscaper

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Danvers, Ill.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Nierstheimer, BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Magdalena Burny, BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 517-10-0785

17. INFORMANT'S OWN SIGNATURE: Nellie Madson, ADDRESS: Coeur d' Alene, Idah.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Valvular heart disease — 20 years

DUE TO (c): Cardiac Decompensation with CPC of liver and lungs — 1 month

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4, 1966, *to* 1/2, 1967, *that I last saw the deceased alive on* 1/2, 1967, *and that death occurred at* 5:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Don Moseley, M. D. (Degree or title)

23b. ADDRESS: 421 Coeur d'Alene Ave. Coeur d'Alene, Idaho

23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jan. 5. 1967

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Mar 1 1967

REGISTRAR'S SIGNATURE: Darrance K. Brush

25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 776
Local Reg. No. 22
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 16 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D' Alene
LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Cataldo
d. STREET ADDRESS (If rural, give location): Cataldo, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): CATHERINE
b. (Middle):
c. (Last): SCHLAGEL

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: June 2, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Krieger
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Francisca Resik
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-32-5001A

17. INFORMANT'S OWN SIGNATURE: R. E. Schlagel
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility and debility. — 4 years
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic urinary tract infection

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1965, *to* Feb 2, 1967, *that I last saw the deceased alive on* Feb 2, 1967, *and that death occurred at* 5:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Wray Wilson MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hunt's
24d. LOCATION (City, town, or county) (State): Kingston, Idaho

DATE REC'D BY LOCAL REG.: Feb 13 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Robert G. Ross
LICENSE NO.:
FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 777
Local Reg. No. 21
Reg. Dist. No. 12C

BIRTH NO.

RECEIVED FEB 16 1967

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1250 LaCrosse

3. NAME OF DECEASED (Type or Print): a. (First) Edward; b. (Middle) E.; c. (Last) Schau

4. DATE OF DEATH (Month) (Day) (Year): February 2, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster

10b. KIND OF BUSINESS OR INDUSTRY: Gibbs, Idaho

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unob. Schau
BIRTHPLACE: Unob.

14. MOTHER'S MAIDEN NAME: Unob.
BIRTHPLACE: Unob.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unob.

17. INFORMANT'S OWN SIGNATURE: Mrs. Christina N. Schau
ADDRESS: Cda, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8164

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Traumatism by

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Northwest Boulevard

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'alene, Kootenai, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car accident - & another car

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William T. Wood, M.D. Coroner

23b. ADDRESS: Coeur d'alene, Idaho

23c. DATE SIGNED: 2-6-'67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 2-6-1967

24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Feb. 7, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff
LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 15 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 778
Local Reg. No. 24
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2514 N. 7th. Street

3. NAME OF DECEASED (Type or Print): a. (First) Shintaro b. (Middle) (Frank) c. (Last) Takaki

4. DATE OF DEATH: (Month) Feb. (Day) 3, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan 23, 1867

9. AGE (In years last birthday): 100 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Labor Contractor

10b. KIND OF BUSINESS OR INDUSTRY: Retired

11. BIRTHPLACE (State or foreign country): Japan

12. CITIZEN OF WHAT COUNTRY?: Japan

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-60-7526

17. INFORMANT'S OWN SIGNATURE: Robert Takaki — ADDRESS: Coeur dI Alene, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Congestive Heart Disease

322X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1967, *to* Feb. 2, 1967, *that I last saw the deceased alive on* Feb. 2, 1967, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H A Novak, M D

23b. ADDRESS: 1412 N. 4th St Coeur d'Alene Idaho

23c. DATE SIGNED: Feb. 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Feb 7, 67

24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home

24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Feb 6, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: FEB 26 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 779
Local Reg. No. 20
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 16 1967 State Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lula b. (Middle) Belle c. (Last) LeBow

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 17, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Phillips County, Ark.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Silas Sullivan
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Not available
BIRTHPLACE: Not available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS Texarkana, Ark.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prob. Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arterio sclerotic heart disease — years

DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1963, *to* Feb 4, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* 9:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Wray Wilson M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 2/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-8-1967

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb. 9, 1967

REGISTRAR'S SIGNATURE: Lorraine L. Brush

25. EMBALMER: Bill Huff

LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 780
Local Reg. No. 19
Reg. Dist. No. 120

BIRTH NO.

RECEIVED FEB 16 1967 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d 'Alene
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1506 Front Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Henry	David	Gross	2	4	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	5-13-1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		533 01 4746	Mrs. Rosemarie Gross	CdA. Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ca of Lung	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	c metastases	6 mo
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

1637

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1/3, 19 67, *to* 2/7, 19 67, *that I last saw the deceased alive on* 2/4, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben Fay M.D.	Coeur d Alene	2/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-6-67	St Thomas	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2.6.1967	Lorraine K. Brush	Gillen Gale	E-369

FIRM NAME: Gale Funeral Home.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 781
Local Reg. No. 25
Reg. Dist. No. 12C

BIRTH NO.

RECEIVED FEB 16 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake,
d. STREET ADDRESS (If rural, give location): Route #2, Box 30A

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd; b. (Middle) W.; c. (Last) Scoles

4. DATE OF DEATH (Month) (Day) (Year): February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	June 1, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Club Operator	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Turner H. Scoles	Iowa	Mattie A. Coe	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-01-3952	Edna M. Scoles	Hayden Lake, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma bronchogenic left with spread to — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) lung ext

DUE TO (c) metastasis liver, lymphatic

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. myotom, pain —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* 2-5, 1967, *that I last saw the deceased alive on* 2-4, 1967, *and that death occurred at* 8A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Douglas MD	Coeur D'Alene Idaho	2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-8-1967	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 9, 1967	Lorraine K. Brush	Bill Duff	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 782
Local Reg. No. 30
Reg. Dist. No. 12c

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hopsital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1611 N. 5th St.

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle) A.; c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year): February 9, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 13, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Highway Dept.

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Park River, North Dak.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ole Stevens
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Dorothea Kalvorsen
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO.: 518-26-6673

17. INFORMANT'S OWN SIGNATURE: Doris Stevens, ADDRESS 1611 N. 5th St. Coeur d'Alene, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 4201 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatic heart disease c mitral stenosis a insufficiency — 52 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1947, *to* 2-9, 1967, *that I last saw the deceased alive on* 2-9, 1967, *and that death occurred at* 10:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C Barclay (Degree or title) M.D.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-13-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Feb. 16, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Cuff
LICENSE NO.: E-439
FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 783
Local Reg. No. 29
Reg. Dist. No. 120

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Green Haven Tra. Park

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Green Haven Trailer Park

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ralph	H.	Barnes	February 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White		Sept. 25, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber Grader	Saw Mills	South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee Jennings Barnes	Not Obtainab	e Mae Krause	Not Obtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO None	543-05-4183	X Terence Luetzer	Ida. Coeur d'Alen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable acute Coronary

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) occlusion.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 30 Min.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not, 19____, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Dod M.D. Coroner	Coeur d'alene Idaho	2-13-'67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-17-1967	Greenwood Cemetery	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 16 1967	Lorraine K. Brush	Bell Kluge	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 784
Local Reg. No. 25
Reg. Dist. No. 12c

BIRTH NO.

RECEIVED FEB 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 3408 W Queen Place

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Stanley		Ridnour	Feb	10	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	4-17-1928	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic	Self	Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Leonard Ridnour	Montana	Milldred Oliver	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	9931	Mrs. Carlene Ridnour	Spo Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolus	15 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fracture right tibia & fibula	10 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1, 1967	Fractured right tibia & fibula	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Farm	Spirit Lake	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
January 31, 1967 3 p.m.		Fell on ice with heavy box

22. *I hereby certify that I attended the deceased from* Feb 1, 1967, *to* Feb 10, 1967, *that I last saw the deceased alive on* Feb 10, 1967, *and that death occurred at* 8:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.E. Thompson	MD	318 Elder Bldg. Coeur d'Alene Idaho	Feb 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-15-67	Restlawn	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 15, 1967	Lorraine K. Brush	Gilbert Yates	E-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 785
Local Reg. No. 26
Reg. Dist. No. 120

RECEIVED FEB 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
DURATION OF STAY (in this place): 1 month

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1207 CdA. Ave

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

3. NAME OF DECEASED (Type or Print): a. (First) Sophia; b. (Middle); c. (Last) Williams

4. DATE OF DEATH: (Month) (Day) (Year): Feb 10 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Dec 13 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minn

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stephen Bell
BIRTHPLACE: Wis

14. MOTHER'S MAIDEN NAME: Anna Koch
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519 28 2143

17. INFORMANT'S OWN SIGNATURE: Mr. Lyman Williams
ADDRESS: Mocassin Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) A S H D.

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2[illegible]-62, 19__, *to* present, 19__, *that I last saw the deceased alive on* 2-9-67, 19__ *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: 816 Sherman, Coeur d'Alene, Ida

23c. DATE SIGNED: 2-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-10-67

24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cryptorium

24d. LOCATION (City, town, or county): Spokane (State): Wash

DATE REC'D BY LOCAL REG.: Feb 15, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Gilbert Yates
LICENSE NO.: E-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 786
Local Reg. No. 33
Reg. Dist. No. 12

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai — MAR 6 1967
b. CITY OR TOWN: Coeur d'Alene — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 104 CdA. Ave

3. NAME OF DECEASED (Type or Print): a. (First) Velma; b. (Middle); c. (Last) Casey

4. DATE OF DEATH: (Month) feb (Day) 11 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb 1 1902

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Athena Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Gay — BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Alice Womach — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 533 03 6789

17. INFORMANT'S OWN SIGNATURE: B Mr. Hugh Casey — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of pancreas — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ---
DUE TO (c): ---

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hepatic necrosis — 1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Carcinoma of pancreas with complete common bile duct obstruction

19c. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1967, *to* 2/11, 1967, *that I last saw the deceased alive on* 2/11, 1967, *and that death occurred at* 10:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M. D — H. Don Moseley MD

23b. ADDRESS: 421 Coeur d'Alene Ave., Cd'A

23c. DATE SIGNED: 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-14-67

24c. NAME OF CEMETERY OR CREMATORY: Forest

24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb 24, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Bruce

25. EMBALMER: Gilbert Yates — LICENSE NO.: E-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 787
Local Reg. No. 31
Reg. Dist. No. 12c

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN: Coeur d' Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN: Coeur d' Alene
d. STREET ADDRESS: Pinewood Manor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Herman	Frank	Wagner	February 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	10-28-1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Lumbering	Alpena, Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not obtainable		Not obtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	518-03-4847	Est Thompson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4580 Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 1963, *to* _____, 1967, *that I last saw the deceased alive on* Feb 13, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. Hammett MD	302 W 5 St	16 Feb

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-16-1967	Forest Cemetery	Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 18, 1967	Lorraine K. Brush	Bill Huff	E-439

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 788
Local Reg. No. 35
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1413 Mullan Ave

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle); c. (Last) Gittel

4. DATE OF DEATH: (Month) Feb (Day) 14 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Feb 9, 1897

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Blue Grass N. Dak

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Bickel — BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Fredricka Ellwein — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519 03 7045D

17. INFORMANT'S OWN SIGNATURE: Mr. Elton Gittel — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Hemorrhagic Pancreatitis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: None — 1 wk

Conditions contributing to the death but not related to the disease or condition causing death. Cardiovascular failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/8/62, 19___, *to* 2/14/67, 19___, *that I last saw the deceased alive on* 2/14/67, 19___, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Reid Henson, M.D. (Degree or title) — **23b. ADDRESS**: Coeur d'Alene Idaho — **23c. DATE SIGNED**: Feb 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 2-17-67 — **24c. NAME OF CEMETERY OR CREMATORY**: Forest — **24d. LOCATION** (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb. 24, 1967 — REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred Noland — LICENSE NO.

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: MAR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 789
Local Reg. No. 32
Reg. Dist. No. 120

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1711 CdA. Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Roy		Allman	2	16	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Jan 23, 1887	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Self	Ottumwa Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Allman	Iowa	Addie Slacks	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 18 8764	a Mrs. Selman Froisness	CdA. Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral vascular accident — Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 1/2

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. 25, 1967, *to* Feb. 16, 1967, *that I last saw the deceased alive on* Feb. 16, 1967, *and that death occurred at* 8:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. A. Novak M.D.	1412 N. 4th St. Coeur d'Alene, IDAHO	Feb. 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-20-67	Harrison	Harrison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 1 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 790
Local Reg. No. 34
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN: Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 110 Foster Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sophia	M	Frandsen	2	16	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed	July 29, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Denmark	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Berndt Griesen	Denmark	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Mr. Hap Frandsen	Chenney Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Congestion — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1st July, 1963, *to* Feb 16, 1967, *that I last saw the deceased alive on* Feb 17, 1967, *and that death occurred at* 8:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. E. Johnson M.D.	Coeur d'Alene Idaho	Feb 20 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-17-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 24, 1967	Lorraine K. Brush	Fred Noland	

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 791
Local Reg. No. 29
Reg. Dist. No. 120

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 13th & Stiner

3. NAME OF DECEASED (Type or Print): a. (First) Eileen; b. (Middle) M.; c. (Last) Smith

4. DATE OF DEATH: (Month) Feb. (Day) 16, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1913
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme
11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Oscar W. Nelson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Martha Donart — BIRTHPLACE: Not Obtainabl

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-26-6771
17. INFORMANT'S OWN SIGNATURE: X Rudolph F. Smith — ADDRESS: Cd'A, Idah

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-19, 1966, *to* 2-16, 1967, *that I last saw the deceased alive on* 2-16, 1967, *and that death occurred at* 12 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: Eileen A. Lyon M.D. (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Breuch
25. EMBALMER: Bill Cuff
LICENSE NO.: E-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 792
Local Reg. No. 28
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 510 LaCrosse

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Lawrence
c. (Last): Pilkington

4. DATE OF DEATH (Month) (Day) (Year): February 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 8, 1902
9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician
10b. KIND OF BUSINESS OR INDUSTRY: Motor Electric
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John T. Pilkington
BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary E. Boyd
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-36-2972
17. INFORMANT'S OWN SIGNATURE: X Ethel M. Pilkington
ADDRESS: 510 LaCrosse Ave

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction.
INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-17, 1967, *to* 2-17, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frank Barclay MD
23b. ADDRESS: Coeur d'Alene
23c. DATE SIGNED: 2-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-21-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Feb. 23, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-337

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 7 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 29 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 793
Local Reg. No. 38
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1515 Front St.

3. NAME OF DECEASED (Type or Print): a. (First) Evelyn; b. (Middle); c. (Last) Townsend

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: 2/4/1897
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-20-5772
17. INFORMANT'S OWN SIGNATURE: Mrs. Charles McLain, Cd'A. Idaho — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pheumonitis	24 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral vascular accident	1/15/67
DUE TO (c)	Diabetes and arteriosclerosis	5 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Fract, hip, lt intertrochanteric	1 month

19a. DATE OF OPERATION: 1/12/67
19b. MAJOR FINDINGS OF OPERATION: Fract hip, lt; Open reduction & internal fixation
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 1515 Front, Coeur d'Alene, Idaho Kootenai
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1/15/67 a m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on floor at home

22. *I hereby certify that I attended the deceased from* 2/7/52, 19__, *to* 2/20, 1967, *that I last saw the deceased alive on* 2/20/, 1967, *and that death occurred at* 6:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Don Moseley, M.D.
23b. ADDRESS: 421 Coeur d'Alene Ave. Coeur d'Alene, Idaho
23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2/20/67
24c. NAME OF CEMETERY OR CREMATORY: Smith Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Mar 1, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493
FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 31 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 7 1972

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 794
Local Reg. No. 43
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene HOmes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Frederick
b. (Middle): A.
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): February 23,1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 26,1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumber
10b. KIND OF BUSINESS OR INDUSTRY: Saw Mills
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Elias Anderson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Tomina ? — BIRTHPLACE: Norway
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Mrs Curtis E. Anderson — ADDRESS: Cd'A,Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gen Arteriosclerosis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: ←
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 8, 1965, *to* Feb 23, 1967, *that I last saw the deceased alive on* Feb 23, 1967, *and that death occurred at* 6:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. W. Hawkins MD (Degree or title)
23b. ADDRESS: 609 Sherman Ave
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-25-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Mar 2, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Aleff
LICENSE NO.: E-439

Chapel

FIRM NAME: Coeur d' Alene, Ida. English

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 795
Local Reg. No. 48
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 824 Boyd Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 824 Boyd Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Vina
b. (Middle): I
c. (Last): Knudtson

4. DATE OF DEATH (Month) (Day) (Year): February 25, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 26, 1884
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Oden — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Sarah ? — BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE (5D) — ADDRESS: Mrs. Anva Clouse, Coeur d Alene, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 25, 1967, *to* Feb 25, 1967, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* 12:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Coeur d Alene
23c. DATE SIGNED: 2/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 2-27-1967
24c. NAME OF CEMETERY OR CREMATORY: Williston Cemetery
24d. LOCATION (City, town, or county) (State): Williston, North Dakota

DATE REC'D BY LOCAL REG.: Mar. 2, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 796
Local Reg. No. 37
Reg. Dist. No. 120

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Kootenai MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Couer d'Alene Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 727 Coeur d'Alene Street

3. NAME OF DECEASED (Type or Print)
a. (First) Chris
b. (Middle) Max
c. (Last) Schirmer

4. DATE OF DEATH (Month) (Day) (Year) February 25, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 28, 1892

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Special Agent

10b. KIND OF BUSINESS OR INDUSTRY Boston Old Colony Insurance

11. BIRTHPLACE (State or foreign country) Linton, North Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Schirmer
BIRTHPLACE Ukrainia, Prussia

14. MOTHER'S MAIDEN NAME Elizabeth Kline
BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 470-10-7110

17. INFORMANT'S OWN SIGNATURE R. M. Schirmer
ADDRESS 1436 Hickory Bartlesville, Okl.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion - Infarct
INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/21/67, 19___, *to* 2/25/67, 19___, *that I last saw the deceased alive on* 2/24/67, 19___, *and that death occurred at* 6:10 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Lynn C. Fredrickson (Degree or title) MD

23b. ADDRESS Coeur d' Alene Idaho

23c. DATE SIGNED 3/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/28/1967

24c. NAME OF CEMETERY OR CREMATORY Riverside Memorial Park

24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. Mar. 1 1967

REGISTRAR'S SIGNATURE Lorraine K. Brush

25. EMBALMER James Miller
LICENSE NO. 935

FIRM NAME: Nelson & Jaeger Funeral Homes

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 16 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 797
Local Reg. No. 41
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAR 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospita

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) E.; c. (Last) Langseth

4. DATE OF DEATH (Month) (Day) (Year): February 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-3-1908

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 2 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bodyman

10b. KIND OF BUSINESS OR INDUSTRY: Broderick Mtr.

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Olaf Langseth
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Not Obtainable
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-10-3022

17. INFORMANT'S OWN SIGNATURE: Mrs Helen Langseth ADDRESS: Hayden Lake Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-10-67, *to* 2-27-67, *that I last saw the deceased alive on* 2-24-1967, *and that death occurred at* 1:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm M. Farnham M.D.
23b. ADDRESS: Hayden Lake, Idaho
23c. DATE SIGNED: 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-2-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Mar. 7, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brueh

25. EMBALMER: Bill Neff
LICENSE NO.: E-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 798
Local Reg. No. 22
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 104 S. Main

3. NAME OF DECEASED (Type or Print) a. (First) Fritz b. (Middle) Axel c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH June 7, 1884

9. AGE (In years last birthday) 82
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown Anderson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Anna Anderson BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 540-01-1717

17. INFORMANT'S OWN SIGNATURE Dean R. Hanson ADDRESS Portland, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1817 Carcinoma Urethra with Obstruction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 2-4-67

19b. MAJOR FINDINGS OF OPERATION Carcinoma urethra with obstruction

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-3-, 1967, *to* 2-5-, 1967, *that I last saw the deceased alive on* 2-5-, 1967, *and that death occurred at* 3:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) David C Vadler MD

23b. ADDRESS Moscow Idaho

23c. DATE SIGNED 2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 7, 1967

24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery

24d. LOCATION (City, town, or county) Moscow, (State) Idaho

DATE REC'D BY LOCAL REG. Feb. 10, 1967

REGISTRAR'S SIGNATURE Patricia L. Kappen

25. EMBALMER Donald Ward

LICENSE NO. E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 799
Local Reg. No. 23
Reg. Dist. No. 200

Certificate of Death

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 325 S. Almon

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Mary
c. (Last): Drew

4. DATE OF DEATH (Month) (Day) (Year): Feb. 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 5, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brown Valley, Minn
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: James Buchanan — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Eleanor Phelps — BIRTHPLACE: Minn.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-03-4814B
17. INFORMANT'S OWN SIGNATURE: Mrs B. W. Drew — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9037

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Head Injury — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Nursing home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Moscow, Latah, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 6, 1967 12 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fall in bathroom

22. *I hereby certify that I attended the deceased from* _____, 1957, *to* Feb 6, 1967, *that I last saw the deceased alive on* Feb 6, 1967, *and that death occurred at* 3:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W E Adams, M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 2/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: Feb. 15, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Wack — LICENSE NO.: E.380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 800
Local Reg. No. 24
Reg. Dist. No. 200

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Viola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jesse	(none)	Hill	Feb. 7 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	May 7, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Palouse, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francis M. Hill	Kindleville, Indiana	Josephine Skeen	Junction City, Ore.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-46-0719-a	Gerald F. Hill	Palouse, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Emphysema — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 1

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* Feb. 7, 1967, *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	1804 N. Grand St. Pullman, Wn.	2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 13 1967	Viola Cemetery	Viola Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 23, 1967	Patricia L. Kappen	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 801
Local Reg. No. 25
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 291
a. COUNTY: Latah 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Palouse)
d. STREET ADDRESS (If rural, give location): 3 Miles East of Palouse

3. NAME OF DECEASED (Type or Print)
a. (First): MAE
b. (Middle): LUCETTA
c. (Last): HOWELL

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8-14-1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Palouse, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: George Merryman — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Amelia Schultz — BIRTHPLACE: Napa, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531-36-1914 B
17. INFORMANT'S OWN SIGNATURE: Leslie J. Howell — ADDRESS: Palouse Wash.

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 1-8-67
19b. MAJOR FINDINGS OF OPERATION: Cholecystitis, Cholelithiasis, Choledocholithiasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8, 1967, *to* 2-8, 1967, *that I last saw the deceased alive on* 2-8, 1967, *and that death occurred at* 9:05 AM, *from the causes and on the date stated above.*

23a. SIGNATURE 541 (Degree or title): David C Valder MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-1967
24c. NAME OF CEMETERY OR CREMATORY: Fraternal Cemetery
24d. LOCATION (City, town, or county) (State): Palouse, Washington

DATE REC'D BY LOCAL REG.: Feb. 23, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: H E Kimball
LICENSE NO.: E 269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 802
Local Reg. No. 26
Reg. Dist. No. 200

67-1618
BIRTH NO.

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 53 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lorie	Ann	Griffith	Feb. 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Feb. 20, 1967					53

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Alan Griffith	Bremerton, Wn.	Myrna Kinghorn	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Thomas Alan Griffith	Moscow Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7210

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adrenal hemorrhage & shock — INTERVAL BETWEEN ONSET AND DEATH immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Addisonism

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from 20 Feb, 67, to 20 Feb, 67, that I last saw the deceased alive on 20 Feb, 1967, and that death occurred at 11:10 P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Moscow Idaho	24 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb. 23, 1967	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 28, 1967	Catrina L. Kappen	E. R. Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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D-67-1018

Certificate of Death

STATE OF IDAHO

State File No. 803
Local Reg. No. 27
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAR 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN Moscow
LENGTH OF STAY (in this place) 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN Rural (Potlatch)
d. STREET ADDRESS 3 Miles West of Potlatch

3. NAME OF DECEASED (Type or Print)
a. (First) GLADYS
b. (Middle) HELEN
c. (Last) WOOLVERTON

4. DATE OF DEATH (Month) (Day) (Year) February 21, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH October 11, 1903
9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Genesee, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Alonzo Hanson
BIRTHPLACE Genesee, Idaho
14. MOTHER'S MAIDEN NAME Ida Ross
BIRTHPLACE Genesee, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-30-5687
17. INFORMANT'S OWN SIGNATURE A D Woolverton
ADDRESS Potlatch, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident with Left Sided Paralysis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized
DUE TO (c) Diabetes Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-21-34 *to* 2-21-67, *that I last saw the deceased alive on* 2-21-67, *and that death occurred at* 9 A. M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-23-67
24c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery
24d. LOCATION (City, town, or county) (State) Latah County, Idaho

DATE REC'D BY LOCAL REG. Feb. 28, 1967
REGISTRAR'S SIGNATURE Patricia L. Kappen
25. EMBALMER R. Kimball
LICENSE NO. E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 804
Local Reg. No. 28
Reg. Dist. No. 200

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO. 291 1-03

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 2 yrs 9 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Elizabeth	Mae	Prater		Feb.	21	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 22, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Walla Walla, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William J. Lyle	Unknown	Mary E. Lyle	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Mrs Roy Prater	Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Arterio Sclerotic Heart Disease	yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Cardiac Valvular Insufficiency	yrs
DUE TO (c)	& Hemiplegia (Cardiac)	yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1964, *to* Feb. 21, 1967, *that I last saw the deceased alive on* Feb. 14, 1967, *and that death occurred at* 12:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
490 Philip D. Geschka MD	Genesee, Idaho	Feb 25 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1967	Pullman Fraternal	Pullman Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 28, 1967	Patricia L. Kappen	Donald Ward	E-330

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 805
Local Reg. No. 30
Reg. Dist. No. 200

Certificate of Death

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 4-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (In this place): 2½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 519½ So. Almon

3. NAME OF DECEASED (Type or Print)
a. (First): Joan
b. (Middle): Margo
c. (Last): Northrop

4. DATE OF DEATH (Month) Feb (Day) 28 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept 4, 1944
9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Washington, D.C.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard L. Schaertl — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Francis J. Porch — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-48-2045
17. INFORMANT'S OWN SIGNATURE: Cortland J. Northrop III — ADDRESS: Moscow, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

6425

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Aspiration Gastric Content — 2 hours
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Toxemia of Pregnancy — 1 day

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 July, 1966, *to* 28 Feb, 1967, *that I last saw the deceased alive on* 28 Feb, 1967, *and that death occurred at* 7:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. M. Myers 015 (Degree or title): M.D.
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 4 Mar 1967

24a. BURIAL CREMATION REMOVAL (Specify): Burial
24b. DATE: Mar 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: March 14, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: E. Russell Short — LICENSE NO.: E-420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Child Stillborn

State File No. 806
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 300

1. PLACE OF DEATH
a. COUNTY: Lemhi 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burney
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ora
b. (Middle): Belle
c. (Last): Holland

4. DATE OF DEATH (Month) (Day) (Year): Feb. 3, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Mar. 23, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Provo, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert L. Jones — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Cora F. Lewis — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no
17. INFORMANT'S OWN SIGNATURE: Lattielle Abbey — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Malnutrition — 1 yr

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1966, *to* Feb 3, 1967, *that I last saw the deceased alive on* Feb 3, 1967, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy M. Sinclair M.D. 474
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-7-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb 21-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones
LICENSE NO.: E369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 807
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Lemhi (30) — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — LENGTH OF STAY (in this place): 15 yrs. (1-15)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial (117)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (38) — b. COUNTY: Lemhi (30) — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Edward	Wheaton	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (3)	Oct. 28, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
sawmill (09)		Norwood, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Wheaton	Michigan	Louise Mary Jaboe	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-14-7114-A	Harriette B Wheaton	Salmon, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident (331X)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary Artery Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
[redacted] m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1961, *to* 2-6, 1967, *that I last saw the deceased alive on* 2-6, 1967 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] Johnson 263	MD	Salmon Idaho	2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-10-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 21-67	Viola E. Johnson	Delbert H Jones	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 808
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED
FEB 2 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

LENGTH OF STAY (in this place): 9 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Baby Boy; b. (Middle); c. (Last) Solberg

4. DATE OF DEATH (Month) (Day) (Year): Feb. 7, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Feb. 7, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 9 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman Solberg
BIRTHPLACE: Montana

14. MOTHER'S MAIDEN NAME: Irma Jean Lumbert
BIRTHPLACE: Seattle, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Norman Solberg
ADDRESS: Clayton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 9 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 7, 19 67, *to* Feb. 7, 19 67, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W Moore MD 369 (Degree or title)

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-9-67

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb 21-67

REGISTRAR'S SIGNATURE: Viola E Johnson

25. EMBALMER: Delbert C Jones

LICENSE NO.: E369

FIRM NAME: Jmnes Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 0-07-3776

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended March 14, 1967

Certificate of Death

STATE OF IDAHO

State File No. 809
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 38 yrs 1-38
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Homer b. (Middle) Carmen c. (Last) Tewalt

4. DATE OF DEATH: (Month) (Day) (Year) February 8, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 6, 1893

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Hiway 08

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Clayton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John D. Tewalt BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Patience Carmen BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.: 519-24-1574

17. INFORMANT'S OWN SIGNATURE: ADDRESS: Salmon, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 19 56, *to* Feb 8, 19 67, *that I last saw the deceased alive on* Feb 8, 19 67, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy Sinclair, M.D. 474 (Degree or title)

23b. ADDRESS: Salmon, Idaho

23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-10-67

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb 21, 1967

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: Delbert C. Jones LICENSE NO.: E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

State of Idaho } ss.
County of Lemhi }

Certificate No.
Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Homer Carmen Tewalt (Name on Original Certificate) who died (Was Born or Died) on Feb. 8, 1967 (Date of Event)
in Salmon, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by error correction (Bible Record, Insurance Policy, Etc.) prepared on 2-9-67 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
age	70	73

Subscribed and sworn to before me this 3rd day of March 19 67

Mary A. Jones

Notary Public, residing at Salmon, Idaho
My commission expires 10-1-67
(Seal)

Signed Edward H Tewalt
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Salmon, Idaho 83467
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lemhi }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 3rd day of March, 19 67

Mary A. Jones

Notary Public, residing at Salmon, Idaho
My commission expires 10-1-67
(Seal)

Signed Herbert C. Jones
(Signature of Any Credible Person)

Funeral Director
Salmon, Idaho 83467
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Appeal for Original Certificate of Birth or Death

Printed ..... Idaho ..... Certificate No. .....

County of ..... Lemhi ..... Date Filed .....

The undersigned does solemnly swear that [illegible] the certificate of ..... Sexton .....
(Date of Birth)

for Homer Carmen Temple ..... who ..... Male ..... on Feb. 6, 1907
(Surname of Original Certificate) (Was Born or Died) (Date of Birth)

in Salmon, Idaho ..... are erroneous or were omitted; and that, to the best of his knowledge, the
(Place of Birth)

true facts [illegible] by error correction ..... [illegible] on 2-4-07 ..... [illegible]
(Name of Person) (Date of Birth) (Date of Death)

[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

[illegible] before me this 3rd day of March
[illegible] to 07

Signed [illegible]

[illegible] at Salmon, Idaho

[illegible] 11-1-07 ..... Salmon, Idaho 83467
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A MEDICAL PERSON

[illegible]

[illegible] solemnly swear that [illegible] of the [illegible] and that [illegible]
[illegible] knowledge

[illegible] before me this ..... day of
[illegible] to 07

Signed [illegible]
(Signature of [illegible])

[illegible] Salmon, Idaho

[illegible] 11-1-07 ..... Salmon, Idaho 83467
(Street Address, City, State)

STATE OF IDAHO
VITAL STATISTICS
FEB 4 1907
VOTAPY
FUSIC

STATE OF IDAHO
VITAL STATISTICS
FEB 4 1907
VOTAPY
FUSIC

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 38 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Homer
b. (Middle): Carmen
c. (Last): Tewalt

4. DATE OF DEATH (Month) (Day) (Year): Feb. 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: May 6, 1893
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): State Hiway
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clayton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John D. Tewalt — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Patience Carmen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 519-24-1574
17. INFORMANT'S OWN SIGNATURE: — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1956, *to* Feb 8, 1967, *that I last saw the deceased alive on* Feb 8, 1967, *and that death occurred at* 2 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ray H. Smelcer MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-10-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Feb 21-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Elbert C. Jones — LICENSE NO. E 369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 810
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 30 — MAR 1 1967 — 3-07
b. CITY OR TOWN: Salmon
c. LENGTH OF RESIDENCE (In this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Kate
b. (Middle): Muriel
c. (Last): Pelton

4. DATE OF DEATH (Month) (Day) (Year): Feb. 24, 1967

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Oct. 14, 1882 *

9. AGE (In years last birthday): 84 * (also used 10th) — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Darlington, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen Navarre — BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Orpha DeWitt — BIRTHPLACE: Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-26-3952

17. INFORMANT'S OWN SIGNATURE: W. Homer Pelton — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-18, 1966, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-24, 1967, *and that death occurred at* _____ m. *from the causes and on the date stated above.*

23a. SIGNATURE: W. Johnson 263 MD (Degree or title)

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 2-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-28-67

24c. NAME OF CEMETERY OR CREMATORY: Mt. McCaleb

24d. LOCATION (City, town, or county) (State): Mackay, Idaho

DATE REC'D BY LOCAL REG.: Mar 8-67

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: Delbert H. Jones — LICENSE NO.: E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 2 9 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 811
Local Reg. No. 690
Reg. Dist. No.

RECEIVED MAR 1 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) near Gibbonsville
c. LENGTH OF STAY (in this place) 0
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Junction of Hughes Creek Rd. & Highway 93

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi 080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Donald b. (Middle) 030 c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Jan. 7, 1951

9. AGE (In years last birthday) 16 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 03

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Wendell, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ben B. Smith | BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Hazel M. Simmons | BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-60-0678

17. INFORMANT'S OWN SIGNATURE Margaret L. Lorz | ADDRESS Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture - d Concussion | INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / ~~SUICIDE~~ / ~~HOMICIDE~~ (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 93

21c. (CITY, TOWN, OR TOWNSHIP) 300 Salmon (COUNTY) Lemhi (STATE) Idaho

21d. TIME OF INJURY (Month) 2 (Day) 24 (Year) 67 (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Car accident

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Viola E. Johnson 263 (Degree or title) MD

23b. ADDRESS Salmon Idaho

23c. DATE SIGNED 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-2-67

24c. NAME OF CEMETERY OR CREMATORY Salmon

24d. LOCATION (City, town, or county) Salmon, Idaho (State)

DATE REC'D BY LOCAL REG. 3-8-67

REGISTRAR'S SIGNATURE Viola E. Johnson

25. EMBALMER Delbert C. Jones | LICENSE NO. E369

FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 812
Local Reg. No. 690
Reg. Dist. No.

RECEIVED MAR 1 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY IN (this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hosp. 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Amelia; b. (Middle) (none); c. (Last) Smith (also Biga)

4. DATE OF DEATH: (Month) (Day) (Year) Feb. 25, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: Dec. 14, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): hospital worker 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Brubanj, Yugoslaviya
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lazo Radonovic — BIRTHPLACE: Yugoslaviya
14. MOTHER'S MAIDEN NAME: Stoja Kuka — BIRTHPLACE: Yugoslaviya

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 279-48-0851
17. INFORMANT'S OWN SIGNATURE: Robert B Smith — ADDRESS: Salmon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myelogenous Leukemia.	6 mos.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 19 67 *to* Death, *that I last saw the deceased alive on* Feb 25 19 67 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-1-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 3-8-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C Jones — LICENSE NO.: E369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 813
Local Reg. No. 698
Reg. Dist. No.

RECEIVED MAR 1 3 1967 Bureau of Vital Statistics

BIRTH NO. 382

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Leadore
LENGTH OF STAY (in this place) overnight
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lindskog's rooms

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lemhi since 1951
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Cedric	Earl	Gillespie	Feb. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	May 26, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer, ranch		Bellvue, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James A. Gillespie	Indiana	Maude Grover	Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-1878	A.C. Gillespie	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Delbert C. Jones Lemhi Co Coron	Salmon, Ida	Mar. 3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-2-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 8-67	Viola E. Johnson	Delbert C. Jones	E369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 28 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

REC

Certificate of Death

STATE OF IDAHO

State File No. 814
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

MAR 1 3 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi 300 1-33
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 33 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Colon	Spence	Smith	Feb. 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 22, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Orchard 06		Gentry County, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel W. Smith	Ohio	Mary Johnson	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	yes 533-03-0455A	Colon S. Smith	Shoup, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6-15, 1960, *to* 2-28, 1962, *that I last saw the deceased alive on* 2-25, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John 263 MD	Salmon Idaho	3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-3-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Viola E. Johnson	Delbert C. Jones	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 815

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lewis 310
FEB 2 8 1967
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): In ambulance approx 5 mi. NW of Kamiah

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis 310
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Kenneth b. (Middle) Simpson c. (Last) Spangler

4. DATE OF DEATH: (Month) Feb. (Day) 17 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Oct. 6, 1926

9. AGE (In years last birthday): 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 27

10b. KIND OF BUSINESS OR INDUSTRY: Logging

11. BIRTHPLACE (State or foreign country): Briggsdale Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Kenneth S. Spangler, Jr. BIRTHPLACE: Oklahoma

14. MOTHER'S MAIDEN NAME: Ruby Lee Crain BIRTHPLACE: Young Harris, Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 519-24-8874

17. INFORMANT'S OWN SIGNATURE: Ruby Bramlet ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTERNAL INJURIES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) CRUSHING INJURIES FROM

DUE TO (c) 1130 POUNDS of timber.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ACCIDENT

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): MILL - KAMIAH

21c. (CITY, TOWN, OR TOWNSHIP) KAMIAH (COUNTY) 310 LEWIS (STATE) IDAHO

21d. TIME OF INJURY (Month) FEB (Day) 17 (Year) 1967 (Hour) 2:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? 1130 POUND LOG FELL 14' 5" ONTO DECEASED.

22. *I hereby certify that I attended the deceased from* FEB. 17, 1967, *to* FEB. 17, 1967, *that I last saw the deceased alive on* FEB. 17, 1967, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]

23b. ADDRESS: BOX 667 KAMIAH, IDA.

23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb. 21 1967

24c. NAME OF CEMETERY ~~OR CREMATORY~~: Pine Grove

24d. LOCATION (City, town, or county) (State): Kooskia Idaho

DATE REC'D BY LOCAL REG.: Feb. 21, 1967

REGISTRAR'S SIGNATURE: Viola V. Paul dep

25. EMBALMER: Robert R Hansen LICENSE NO.: E453

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 23 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 16 1983

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 816
Local Reg. No. 642
Reg. Dist. No. 430

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 320
a. COUNTY Lincoln
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodriver Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320 b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JULIA b. (Middle) CHASE 240 c. (Last) MARICK

4. DATE OF DEATH (Month) (Day) (Year) Feb. 17, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug. 23, 1880
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months 5 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Nephi, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Albert Chase BIRTHPLACE Moroni, Utah
14. MOTHER'S MAIDEN NAME Julia Ann Caldwell BIRTHPLACE Fountain Green, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) NO
16. SOCIAL SECURITY NO. 542-28-2691
17. INFORMANT'S OWN SIGNATURE Fay Lee ADDRESS Richfield, Ida.

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January, 1964, *to* February, 1967, *that I last saw the deceased alive on* 2-14, 1967, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 380 (Degree or title)
23b. ADDRESS Box 68 Shoshone Idaho
23c. DATE SIGNED 22267

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-21-1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 2-23-67
REGISTRAR'S SIGNATURE Francis M Bergin
25. EMBALMER Francis M. Bergin
LICENSE NO. E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 10 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 817
Local Reg. No. 6
Reg. Dist. No. 630

BIRTH NO. 331

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 109
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hosp. 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Madison 331
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 26 East 1 North

3. NAME OF DECEASED (Type or Print)
a. (First): Blanche
b. (Middle): Smith
c. (Last): Brown

4. DATE OF DEATH: (Month) Feb. (Day) 8, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 15, 1887

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Egin, Fremont County, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: William Smith
BIRTHPLACE: Pennsylvia -OR- Wales

14. MOTHER'S MAIDEN NAME: Annie Mathews Aberville, Breckwithshire,
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) / (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Betty Hymas
ADDRESS: Rexburg R.F.D. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma Lung — 1 month

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 19 61, *to* Feb 8, 19 67, *that I last saw the deceased alive on* Feb 8, 19 67, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Rexburg, Ida 60

23c. DATE SIGNED: 2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/11, 1967

24c. NAME OF CEMETERY OR CREMATORY: Plano Cemetery

24d. LOCATION (City, town, or county) (State): Plano, Madison, Idaho

DATE REC'D BY LOCAL REG.: 2-9-67

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Russell Flamm

LICENSE NO.: E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 1 0 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 818
Local Reg. No. 7
Reg. Dist. No. 630

BIRTH NO.

RECEIVED MAR 13 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2 Box 325

3. NAME OF DECEASED (Type or Print)
a. (First): Leo
b. (Middle): A
c. (Last): Gneiting

4. DATE OF DEATH: February 10 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: December 3, 1914

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Potato Inspector

10b. KIND OF BUSINESS OR INDUSTRY: Potatoes

11. BIRTHPLACE (State or foreign country): Grant, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Abe Gneiting
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Ada Mae Hicks
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1932 - 1936

16. SOCIAL SECURITY NO.: 518 10 8074

17. INFORMANT'S OWN SIGNATURE: Mrs Leo Gneiting
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Aug. 1966
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 9, 1967, *to* Feb 10, 1967, *that I last saw the deceased alive on* Feb 10, 1967, *and that death occurred at* 7:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE: M F Rigby (Degree or title): M.D.

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: Feb. 16 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/14/67

24c. NAME OF CEMETERY OR CREMATORY: Grant Central Cemetery

24d. LOCATION (City, town, or county) (State): Grant, Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.: 2-27-67

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Ralph M. Wood Ralph M Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 2 1 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 1 1 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 819
Local Reg. No. 8
Reg. Dist. No. 630

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 3 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 330 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Archer)
LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Archer)
d. STREET ADDRESS (If rural, give location) Thornton, Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First) SHELLY b. (Middle) KIM c. (Last) SHARP

4. DATE OF DEATH (Month) (Day) (Year) February 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	April 7, 1964	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 07		Rexburg, Idaho	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reece Sharp	Rexburg, Idaho	Joan Barkdull	Groveland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	None	Reece e Sharp	Thornton Rt. 1, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral palsy — Suzie Berth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 12, 1967, *to* Feb 15, 1967, *that I last saw the deceased alive on* Feb 14, 1967, *and that death occurred at* 3 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Peterson MD	Rexburg Idaho	2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/17/67	Sutton	Archer Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	Leona Flamm	Kenneth Flamm	E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 820
Local Reg. No. 9
Reg. Dist. No. 630

Certificate of Death

RECEIVED — STATE OF IDAHO

BIRTH NO.

MAR 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Madison 331
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rexburg Rest Home 307

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): VIOLA SIMMONS
c. (Last): FLAMM

4. DATE OF DEATH (Month) (Day) (Year): February 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: October 31, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Spanish Fork, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: John Vardus Simmons Spanish Fork, Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Jane Stewart Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Rose Chambers Rexburg Rt. 1

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept. 1, 1959, *to* Feb. 20, 1967, *that I last saw the deceased alive on* Feb. 13, 1967, *and that death occurred at* 8:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 537 A C Truxal, M.D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 2-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/23/67
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: 2-23-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: [signature]
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 24 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 821
Local Reg. No. 10
Reg. Dist. No. 630

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 331

a. COUNTY: Madison 2-01

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (in this place): 5 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Neville Rest Home 124

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Utah 45 555

b. COUNTY: Salt Lake

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Jordan

d. STREET ADDRESS (If rural, give location): 7439 So. Redwood Road

3. NAME OF DECEASED (Type or Print)

a. (First): Clarissa

b. (Middle): Saunders

c. (Last): Furse

4. DATE OF DEATH (Month) (Day) (Year): Feb 22 1967

5. SEX: Female

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Mar. 6, 1886

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Misterton, Notts. England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Saunders — BIRTHPLACE: Coston, Norfolk, England

14. MOTHER'S MAIDEN NAME: Elizabeth Hackett — BIRTHPLACE: Retford, Notts. England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Afton Furse Parkinson — ADDRESS: Rexburg Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arterio-sclerotic Cerebro-vascular disease — 5 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Age

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 15, 1967, *to* Feb 22, 1967, *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Blanche Rosseley 409

23b. ADDRESS: Rexburg Idaho

23c. DATE SIGNED: 2-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 2/22/67

24c. NAME OF CEMETERY OR CREMATORY: West Jordan Cemetery

24d. LOCATION (City, town, or county) (State): West Jordan, Slt. Lk., Utah

DATE REC'D BY LOCAL REG.: 2-22-67

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: James R. Flamm

LICENSE NO.: E 477

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 17 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 822
Local Reg. No. 11
Reg. Dist. No. 6-30

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Madison (331) MAR 1 31967
b. CITY OR TOWN: Rexburg — Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place): (600)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Green Nursing Home (228)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (22)
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	JAMES	STRANGE	Feb., 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	May 15, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (04)		South Normanton, England	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Strange	England	Sarah E. Dexter	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		529-24-0772	X Herbert L. Strange	St. Anthony, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION (4280)

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial failure	9 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerotic heart disease	20 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-24, 1967, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lester Peterson MD (43)	Rexburg Idaho	2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	27 Feb 67	Parker Cemetery	Parker, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Leona Flamm	M. L. Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 823
Local Reg. No. 14
Reg. Dist. No. 450

RECEIVED
FEB 15 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 112 South 200 East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 112 South 200 East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Martin	Otto	Norby	Feb 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 6 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Dawson Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Od	Norby-Telmarken Norway	Fanny Heyerdahl	Oslo Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None		518-44-2049	Phyllis Norby	Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov, 1966 *to* Feb 3, 1967, *that I last saw the deceased alive on* Feb 3, 1967 *and that death occurred at* 7:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. A. Hunt 255	MD	Rupert, Idaho	2-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 6 1967	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-14-67	Mary Ethel Barton	Charles L. Parsons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 824
Local Reg. No. 16
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) * * * * * *

3. NAME OF DECEASED (Type or Print) a. (First) Birdie b. (Middle) Maud 125 c. (Last) Draper

4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov. 2 1896

9. AGE (In years last birthday) 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY Schools

11. BIRTHPLACE (State or foreign country) Prescott, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank S. Headrick — BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Etta May Daggett — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 534-22-1023

17. INFORMANT'S OWN SIGNATURE Willis Draper ADDRESS Rupert, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cerebro Vascular disease — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-2-67, 19__, *to* 2-5-67 19__, *that I last saw the deceased alive on* 2-4-67 19__, *and that death occurred at* 12 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Ben C. Humphrey (Degree or title) MD

23b. ADDRESS 645 5th St. Rupert Ida

23c. DATE SIGNED 2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/9/67

24d. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert, Idaho (State)

DATE REC'D BY LOCAL REG. 2-17-67

REGISTRAR'S SIGNATURE MaryEllen Carlson

25. EMBALMER Wendell Payne

LICENSE NO. E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 6 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 225
Local Reg. No. 13
Reg. Dist. No. 4-10

BIRTH NO.

RECEIVED FEB 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1200 North - 400 East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1200 North - 400 East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lloyd	George	YOST	February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	Married	June 16, 1917	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Asst. Supervisor
10b. KIND OF BUSINESS OR INDUSTRY Idaho Youth Ranch
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Norton Yost
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sophia Schapeler
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 518-10-2474
17. INFORMANT'S OWN SIGNATURE + Maryann E. Yost ADDRESS Burley Route

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarctions Old & Recent — INTERVAL BETWEEN ONSET AND DEATH: Months Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease & Occlusion — Years
DUE TO (c) Hypertension - Goldblatt Kidney — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Did not See, *to alive* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C Walk - Coroner	710-6 St Rupert	Feb-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal to	Feb. 8, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-8-67	Mary Ellen Carlson	Robert C Walk	E 794

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 21 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 826
Local Reg. No. 19
Reg. Dist. No. 450

RECEIVED
FEB 15 1967
Bureau of Vital Statistics

BIRTH NO. 340

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (in this place): 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) Shelby b. (Middle) Mancel c. (Last) Nettleship

4. DATE OF DEATH: (Month) Feb (Day) 9 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 30 1907

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm Laborer 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Johnson Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Shelby Nettleship
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Jessie Pierce
BIRTHPLACE: Smith Center Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs Ira Trantham
ADDRESS: Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible shock — INTERVAL BETWEEN ONSET AND DEATH: 15 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic myocarditis — Not known.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* Feb. 9, 1967, *that I last saw the deceased alive on* Feb 8, 1967, *and that death occurred at* 1:57 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Crawford, M.D. 340

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 10 Feb. '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Feb 11 1967

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 2-14-67

REGISTRAR'S SIGNATURE: Mary Ellen Jackson

25. EMBALMER: Charles L Persons

LICENSE NO.: E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 827
Local Reg. No. 21
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 340

a. COUNTY: Minidoka 1-05

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert

c. LENGTH OF STAY (in this place): 5 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kathryn's Rest Home 319

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 160

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)

a. (First): Katie

b. (Middle): Louisa

c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1967

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Jan. 4, 1883

9. AGE (In years last birthday): 84-

IF UNDER 1 YEAR: Months 1 Days 7

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kaysville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nephi Warren, BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Julia Hancock BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -

16. SOCIAL SECURITY NO.: 519-18-7540A

17. INFORMANT'S OWN SIGNATURE: Fred Anderson ADDRESS: 1610 Yale Burley Idaho

18. CAUSE OF DEATH 331X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1966, *to* 2-11, 1967, *that I last saw the deceased alive on* 2-11, 1967, *and that death occurred at* 9:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE T. V. Hunt 255 (Degree or title) MD

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb.15,1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.:

REGISTRAR'S SIGNATURE:

25. EMBALMER: Perry B. McCulloch

LICENSE NO.: E-260

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 6 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 19 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1828
Local Reg. No. 450
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Minidoka — MAR 1 1967 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — LENGTH OF STAY (in this place)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho — b. COUNTY: Minidoka — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert — d. STREET ADDRESS (If rural, give location): South "F" Street, RD 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Maria	Silvia	INAMA	February 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Married	August 30, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Sanzeno, Tyrol, Austria	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Giovanni Bapista Inama	Austria	Gertrude Vargis	Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Rena D. Mitchell	3030 Clark St. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atrial fibrillation — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Myocardial Disease — years

DUE TO (c) Sec. to — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 9, 1967 *to* Feb 13, 1967, *that I last saw the deceased alive on* Feb 13, 1967, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ken K. Humphrey	MD	Rupert Idaho	2-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 16, 1967	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-23-67	Mary Ellen Easton	Charles A Parsons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended

Certificate of Death

STATE OF IDAHO

State File No. 829
Local Reg. No. 17
Reg. Dist. No. 450

BIRTH NO.

MAR 1 6 1967
Director of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home-103 north main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) 103 north main street

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Harold c. (Last) Oliver

4. DATE OF DEATH (Month) (Day) (Year) Feb 17 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Feb 18 1896
9. AGE (In years last birthday) 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Shelbina Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME unknown Oliver BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Laura unknown BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
16. SOCIAL SECURITY NO. 518-10-3061
17. INFORMANT'S OWN SIGNATURE. x Dolly M. Oliver ADDRESS Paul, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Heart Block — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Intermittent complete Heart Failure — 2 C yrs
Pulmonary Emphysema — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Feb, 1967, *to* 17 Feb, 1967, *that I last saw the deceased alive on* 8 Feb, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE James H. Spafford (Degree or title) MD
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 3/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 21 1967
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) (State) Paul Idaho

DATE REC'D BY LOCAL REG. 2-23-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H. Parsons
LICENSE NO. E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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INTER-DEPARTMENT MEMO — 1

RECEIVED
MAR 1 61967

rlsen, Registrar

DATE 3-13-67

State Registrar Bureau of Vital Statistics

of Death #17--David Harold Oliver Date of Death 2-17-67

we talked to you by telephone regarding the correct way to
h Certificate. Enclosed is the corrected Certificate of the
. Mr. Oliver's correct Birthdate is Feb. 18, 1896, making
f age instead of 73. It appears that during World War II
date of his birth in order to enlist. However, he wasn't
understand that you can replace the original D. C. with
one.

Thanking you,

Mary Ellen Carlson
SIGNATURE

By, M.N

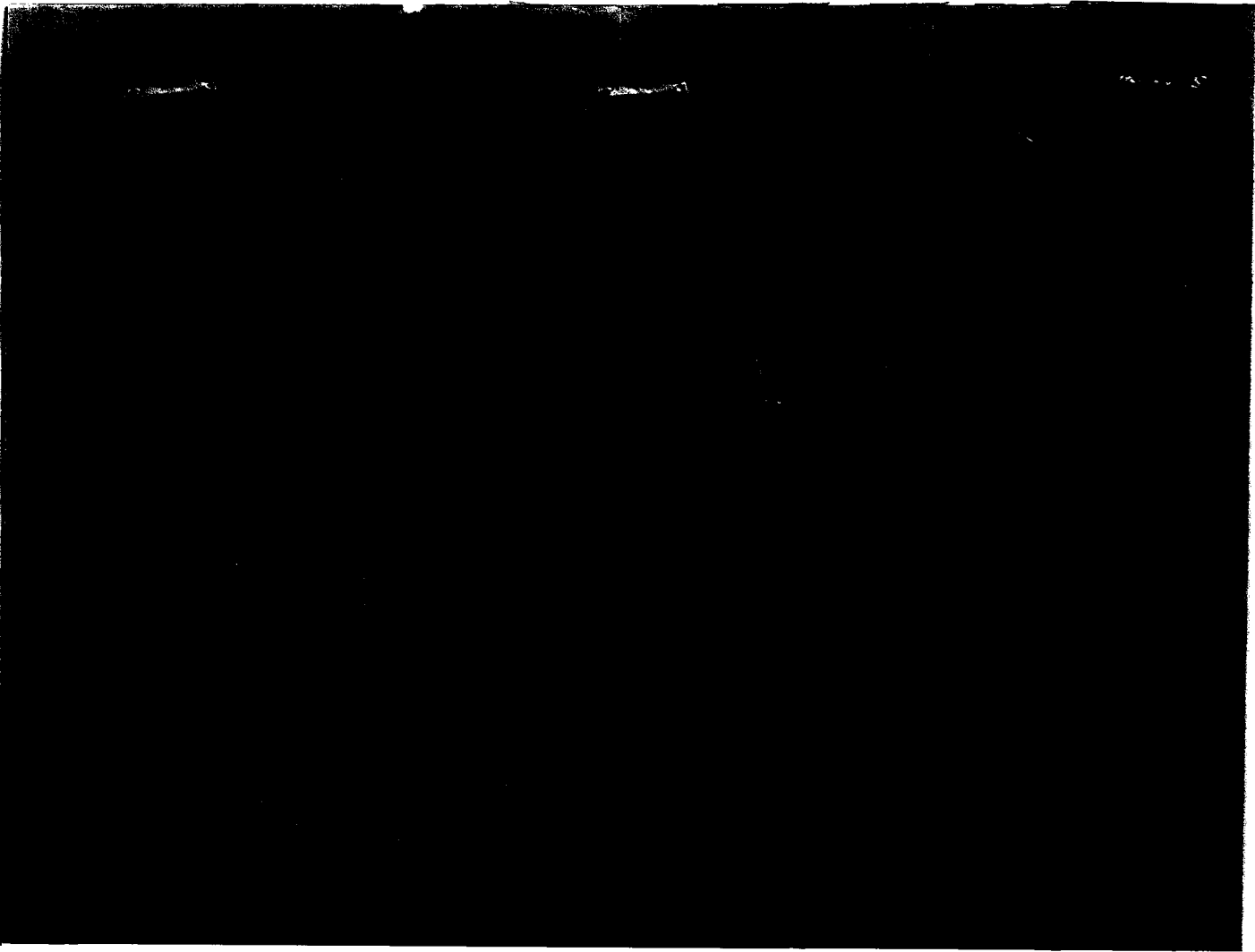

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 14
Reg. Dist. No. 450

BIRTH NO.

RECEIVED FEB 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul Idaho
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 103 North ain Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 103 north Main Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Harold	Oliver	Feb 17 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb 18 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer		Shelbina Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown	unknown	unknown	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-10-3061	x Dolly M. Oliver	Paul Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Complete heart block	unknown
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	20 yr +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Intermittent Congestive Heart Failure	20 yr +
	Pulmonary Emphysema	10 yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4 Feb, 1967, *to* 17 Feb, 1967, *that I last saw the deceased alive on* 8 Feb, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Goffos D.O.	Twin Falls, Idaho	2/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 21 1967	Paul Cemetery	Paul Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-23-67	Mary Ellen Sanborn	Robert C. Walk	E794

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 830
Local Reg. No. 19
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Roberts Nursing Home 229

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert Idaho
d. STREET ADDRESS (If rural, give location) C/O Ernest Jones Route 3 Rupert

3. NAME OF DECEASED (Type or Print) a. (First) Maybelle b. (Middle) Keller c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) Feb 19 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 18 1877
9. AGE (In years last birthday) 89 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monteray California
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Edward Hetherington — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Caroline Smith — BIRTHPLACE unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 571-28-1499A
17. INFORMANT'S OWN SIGNATURE Ernest Jones — ADDRESS Rupert, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* 2-19, 1967, *that I last saw the deceased alive on* 2-19, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE T. A. Hunt 255 (Degree or title) MD
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED 2-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 22 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemtery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 2-23-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H. Persons — LICENSE NO. E 494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 05 1998

FEB 09 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 29 2010

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 831
Local Reg. No. 20
Reg. Dist. No. 45

BIRTH NO.

RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Minidoka 340 MAR 1 1967 3-07
b. CITY OR TOWN Rupert
Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION Quigley Nursing Home 303

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka 340
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 520 G Street

3. NAME OF DECEASED (Type or Print)
a. (First) Willie
b. (Middle) Clifford
c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) Feb 20 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Oct 16 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hiway Construction 86	Laborer	Nuhall Oklahoma	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Davis	Kentucky	Vina Eyer	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	441-12-0168	Mary Davis	520 G St Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignancy
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Pt was seen 4 times only and that was on my office ... 19 ..., to ... 19 ..., *that I last saw the deceased alive on* 2-20-67 19 ... *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ben K. Humphrey MD 253	648 5th St Rupert Ida	2-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Feb 22 1967	Fargo Cemetery	Woodward Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-23-67	Mary Ellen Jackson	Charles A Parsons	E-494

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Walk Mortuary

DUTIES:

NOV 13 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 832
Local Reg. No. 33
Reg. Dist. No. 220

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 4 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 9th Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Nelson Nursing Home 129

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) VERNON c. (Last) SMITH

4. DATE OF DEATH: (Month) Feb. (Day) 2, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Sept. 11, 1871
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Grain & Stock
11. BIRTHPLACE (State or foreign country): London, England
12. CITIZEN OF WHAT COUNTRY?: NO RECORD

13. FATHER'S NAME: NO RECORD — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: NO RECORD — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 534 22 1138
17. INFORMANT'S OWN SIGNATURE: O L Hughes — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 493X — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility of age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 1 only '67, *to* _____, 19___, *that I last saw the deceased alive on* Feb 1 19 67, *and that death occurred at* 12:30AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: R M Stover 507 (Degree or title) MD
23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED: 2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 Feb 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295
FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 833
Local Reg. No. 34
Reg. Dist. No. 220

Certificate of Death

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 621-6th St 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 621-6th St

3. NAME OF DECEASED (Type or Print)
a. (First): Georgianne
b. (Middle):
c. (Last): Hanrahan

4. DATE OF DEATH (Month) (Day) (Year): Feb. 4 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug 21, 1967
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pataha, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis M. Carter — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Louise Short — BIRTHPLACE: Walla Walla, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Elizabeth Kiljanczyk — ADDRESS: 111 18th Ave.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable - Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: a few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): I saw her only to pronounce her she had no attending physician

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 2 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Eastman 152 MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 2-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-6-67
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

N # 8

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 834
Local Reg. No. 28
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 13 1967 Bureau of Vital Statistics

351 2.03

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Asotin
d. STREET ADDRESS (If rural, give location): Asotin

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): E.
c. (Last): FARRISH

4. DATE OF DEATH (Month) (Day) (Year): February 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 30, 1884
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher (Retired) 12
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Plover, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown Danforth — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Orville Farrish — ADDRESS: Clarkston, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) acute arterial obstruct Rt Ly — 4 wk.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 1/3/67
19b. MAJOR FINDINGS OF OPERATION: Gangrene of foot.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 2/5/67, *19___, and that death occurred at* 5:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C S Eng[illegible] 160
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2-8-1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Cemetery
24d. LOCATION (City, town, or county) (State): Amhurst, Wisconsin

DATE REC'D BY LOCAL REG.: 2-7-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Patrick Mahoney — LICENSE NO.: E-492

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Merchant Funeral Home- Clarkston

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 11 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 835
Local Reg. No. 37
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 28 1967 2.03
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 315 - 12th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ROBERT
b. (Middle): LEE
c. (Last): BEASLEY

4. DATE OF DEATH (Month) Feb. (Day) 9, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 4 October 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 08
10b. KIND OF BUSINESS OR INDUSTRY: City of Lewiston
11. BIRTHPLACE (State or foreign country): Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Beasley — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah Looney — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 4496
17. INFORMANT'S OWN SIGNATURE: Fae B. Durand — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH 5020
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10+ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Bronchitis — 20+ years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Dec., 1964, *to* 9 Feb., 1967, *that I last saw the deceased alive on* 9 Feb., 1967, *and that death occurred at* 6:33 PM., *from the causes and on the date stated above.*

23a. SIGNATURE: B R Stein 496 MD (Degree or title)
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 14 Feb-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11 Feb 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-16-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO. E-295
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 836
Local Reg. No. 36
Reg. Dist. No. 220

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1311 9th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	W.	JACKSON	February 12 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	January 21, 1906	61		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meter Reader	Water Power Co.	Stites, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry C. Jackson	Jarris, Oregon	Dora Verdin	Goldendale, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	533-01-8099	Mrs. Neva Jackson	Clarkston, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarct	6 Days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary Thrombosis	6 Days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 13, 1966, *to* Feb 12, 1967, *that I last saw the deceased alive on* Feb 12, 1967, *and that death occurred at* 1:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Amling	MD	307 1st National Bank	2/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Febuary 16, 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	Mildred Hughes	Patrick Mahaney	E-492

FIRM NAME: Merchant Funeral Home Clarkston, Wn.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

State File No. 837
Local Reg. No. 38
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 525 - 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ALF	OLSON	STALSBERG	Feb. 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	4 April 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Custodian 01	Public Bldg.	Telemark, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oley Stalsberg	Norway	Karen Olson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 18 3635 A	Mrs. A. Stalsberg	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Aortic Valve Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1958, *to* Feb 13, 1967, *that I last saw the deceased alive on* Feb 7, 1967, *and that death occurred at* 5:10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Amstutz MD	307 St Johns Way	2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	15 Feb 1967	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 838
Local Reg. No. 39
Reg. Dist. No. 220

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 929 Vista Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AUGUST	CARL	KIELE	Feb.	13,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12 June 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Veneer Plant	Lumbering	Kendrick, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Kiele	Germany	Louise Hartwig	Gemany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 26 6590	Melvina Kiele	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CORPULMONALE — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PULMONARY EMPHYSEMA — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 4, 1965, *to* Feb 13, 1967, *that I last saw the deceased alive on* Feb 8, 1967, *and that death occurred at* 10 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	307 1st National Bank	2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-17-67	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-17-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 839
Local Reg. No. 42
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce 351 — FEB 28 1967 — 3-02 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 350 — b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Rt. 1, Box 106

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAVID	PAUL	JACKSON	Feb. 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian 3	Divorced D	6 Sept. 1911	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 84	Farm	Sweetwater, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Paul P. Jackson	Kamiah, Ida.	Alice Henry	Asotin, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW-2 4	518 03 9490	Mariam J. McLaughlin	Clarkston, Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1st day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary artery thrombosis — 1st day.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Marginal gastric ulcer. Miliary tuberculosis. — 1+ days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 14 Feb, 1967, *to* 14 Feb, 1967, *that I last saw the deceased alive on* 14 Feb 1967, *and that death occurred at* 2:45 AM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
496 B R Glenn	MD	Lewiston Ida	17 Feb 67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	16 Feb. 1967	Sweetwater Cemetery	Sweetwater, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-21-67	Mildred Hughes	L E DeBaun	E-295

Malcom's Brower-Wann Memorial Chapel

FIRM NAME:

Form DH-63021

Health Service

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 840
Local Reg. No. 35
Reg. Dist. No. 220

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 224-9th St

3. NAME OF DECEASED (Type or Print)
a. (First): Carrie
b. (Middle): M.
c. (Last): Scofield

4. DATE OF DEATH (Month) (Day) (Year): Feb 14, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widored 2
8. DATE OF BIRTH: 10-22 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Colfax, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A.F. Spencer — BIRTHPLACE: No record
14. MOTHER'S MAIDEN NAME: Margaret ? — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No record
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: A.F. Vassar

18. CAUSE OF DEATH 170X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Rt. breast — INTERVAL BETWEEN ONSET AND DEATH: 6 + mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Sept, 1966, *to* 14 Feb, 1967, *that I last saw the deceased alive on* 13 Feb, 1967, *and that death occurred at* 12:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 496 B R Stein M.D.
23b. ADDRESS: Lewiston, Ida.
23c. DATE SIGNED: 17 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2-16-1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 2-16-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E 297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 841
Local Reg. No. 40
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 35
a. COUNTY: Nezperce — 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	F.	Brock	Feb.	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	4-10-1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming, Ret. 04	Farming	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Brock	Rockingham County, Va.	Mary Cunningham	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 36 1733	x Violet Phillips	Craigmont, Id.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia 4938	
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* — DUE TO (b)		2 days
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Infirmities of age	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 5, 1964, *to* Feb. 14, 1967, *that I last saw the deceased alive on* Feb. 14, 1967, *and that death occurred at* 3:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.M. Glover, MD	939 Bryden Ave., Lewiston, Idaho	2/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem burial	2-17-67	Nezperce Cemetery	Nezperce, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Mildred Hughes	Robert Larrabee	QL802

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 842
Local Reg. No. 41
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 350

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 351

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 326 - 6th Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): ROY

b. (Middle): ADOLPHUS

c. (Last): SKEELS

4. DATE OF DEATH (Month) Feb. (Day) 16, (Year) 1967

5. SEX: MALE

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 21 June 1885

9. AGE (In years last birthday): 81

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Stock/Grain

11. BIRTHPLACE (State or foreign country): Uniontown, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F. E. Skeels

BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Mary Viola Vaughn

BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 09 3421A

17. INFORMANT'S OWN SIGNATURE: Evelyn C. Finney

ADDRESS: Kameah Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

293X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Standstill

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 Day

DUE TO (c): Anemia — 6 Mo.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Leukemia & anemia — 3 Mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1947, 19__, *to* 2-16, 1967, *that I last saw the deceased alive on* 2+16, 1967, *and that death occurred at* 11:55AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 350 (Degree or title)

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 2-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment 4

24b. DATE: 20 Feb 1967

24c. NAME OF CEMETERY OR CREMATORY: Mt. Gem Abby Mausoleum

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-20-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. E. Black

LICENSE NO.: E-426

Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 843
Local Reg. No. 50
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce — MAR 6 1967 — 3-01 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — LENGTH OF STAY (in this place): 1 day — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — d. STREET ADDRESS (If rural, give location): 1227 Idaho St.

3. NAME OF DECEASED (Type or Print) — a. (First): Guy — b. (Middle): — c. (Last): Rubedew

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: July 10 1905

9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Sebewa, Mich.

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Wm. Rubedew — BIRTHPLACE: Mich

14. MOTHER'S MAIDEN NAME: Alice Hogle — BIRTHPLACE: Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 14 6070

17. INFORMANT'S OWN SIGNATURE: W. C. Rubedew — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 36 Hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION: None — 19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): None — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Feb 16, 1967 to Feb 17, 1967, that I last saw the deceased alive on Feb 16, 1968, and that death occurred at 2:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE: W S Derickes — (Degree or title): MD — 23b. ADDRESS: 307 St Johns Way Lewiston, Idaho — 23c. DATE SIGNED: 2/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: Feb. 21 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-28-67 — REGISTRAR'S SIGNATURE: Mildred Hughes — 25. EMBALMER: A. F. Vassar — LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 8 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 844
Local Reg. No. 59
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce (350) — MAR 6 1967 — b. CITY OR TOWN: Leland (000) — LENGTH OF STAY (in this place): (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (290) — b. COUNTY: Latah — c. CITY OR TOWN: Kendrick

d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PAUL	(000)	STEWART	Feb. 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single N/Married	1 Oct 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (04)	Stock & Grain	Lusk, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Stewart	Spain	Clara Fogerty	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520 34 5738	Mrs May Rhodes	Longview, Wn.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). (5020)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Emphysema -	2+ yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic bronchitis	2+ yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic Heart Disease	2+ yrs.
	Nutritional deficiency	2+ yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Feb, 1967, *to* 18 Feb, 1967, *that I last saw the deceased alive on* 16 Feb, 1967, *and that death occurred at* 11:30 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Lewiston Idaho	28 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	22 Feb. 1967	Kendrick, Cemetery	Kendrick, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-2-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 845
Local Reg. No. 58
Reg. Dist. No. 220

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nezperce 35 1-03
b. CITY OR TOWN Lewiston
LENGTH OF STAY (in this place) 3 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310 b. COUNTY Lewis
c. CITY OR TOWN Craigmont
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Simpson c. (Last) Parsons

4. DATE OF DEATH (Month) Feb (Day) 20 (Year) 1967

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Sept. 16, 1892
9. AGE (In years last birthday) 74
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Kendrick, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Larkin Parsons BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Clara Astell BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 32 5096
17. INFORMANT'S OWN SIGNATURE William E Parsons ADDRESS Craigmont, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia 493X — INTERVAL BETWEEN ONSET AND DEATH 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 19 64, to Feb., 19 67, *that I last saw the deceased alive on* Dec. 31, 1966 *and that death occurred at* 2:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE 2-28-67 Glover MD (Degree or title)
23b. ADDRESS 939 Bryden Ave., Lewiston, Idaho
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem Burial
24b. DATE 2-24-67
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) Craigmont (State) Idaho

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER Robert Larrabee
LICENSE NO. QL802

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 26 1972

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 846
Local Reg. No. 45
Reg. Dist. No. 220

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

BIRTH NO. 35

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 2111 Birch Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLEVELAND		MILTON	Feb. 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	15 May 1900	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith		Paradise, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Milton	no record	Rose Bateman	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518 01 5567A	Cleveland Milton Jr.	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decomp.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe asthma.
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH
(a) one week
(b) one year
(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-13, 1948, *to* 2-20, 1967, *that I last saw the deceased alive on* 2-20-, 1967, *and that death occurred at* 7:15 PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John Lee Carson MD	Lewiston Idaho	2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	22 Feb 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-27-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 847
Local Reg. No. 44
Reg. Dist. No. 220

Certificate of Death

RECEIVED MAR 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 357 314 ~~301~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (If this place) 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY Asotin 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 1202 - 3rd Street

3. NAME OF DECEASED (Type or Print)
a. (First) IRA
b. (Middle) L.
c. (Last) PEDIGO

4. DATE OF DEATH (Month) (Day) (Year) February 20, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 10/3/1902
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Line Foreman 09
10b. KIND OF BUSINESS OR INDUSTRY Power Company
11. BIRTHPLACE (State or foreign country) Fletcher, Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Warren Pedigo — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Daisy Landis — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 12 3020
17. INFORMANT'S OWN SIGNATURE Mrs Lydia Pedigo — ADDRESS Clarkston Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anaplastic carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH 2 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Feb, 1967, *to* 20 Feb, 1967, *that I last saw the deceased alive on* 20 Feb 6, 1967, *and that death occurred at* 945 P *m., from the causes and on the date stated above.*

23a. SIGNATURE David W. Hensin Dorb 227 (Degree or title)
23b. ADDRESS 307 St John's Way
23c. DATE SIGNED 23 Feb 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal Burial 3
24b. DATE 23 Feb 67
24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery
24d. LOCATION (City, town, or county) (State) Clarkston, Washington

DATE REC'D BY LOCAL REG. 2-27-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. C. Merchant — LICENSE NO. FD 5

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 848
Local Reg. No. 43
Reg. Dist. No. 220

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAR 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: 351 Nez Perce 314

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (in this place): 2 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Washington 48

b. COUNTY: Asotin 555

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston

d. STREET ADDRESS (If rural, give location): 1264 Ash

3. NAME OF DECEASED (Type or Print)

a. (First): RUSSELL

b. (Middle): CLARENCE

c. (Last): BUSHEY

4. DATE OF DEATH (Month) (Day) (Year): February 20, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 6/22/1915

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24

10b. KIND OF BUSINESS OR INDUSTRY: Linen Company

11. BIRTHPLACE (State or foreign country): Fredericksburg, Ohio

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Charles Johnson — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 539 10 8446

17. INFORMANT'S OWN SIGNATURE: Mrs. Vera Bushey — ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1621 Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 21, 1966, *to* Feb 20, 1967, *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* 10:55p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Armstrong MD 013

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal Burial

24b. DATE: 23 Feb 67

24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery

24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: 2-27-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W.C. Merchant — LICENSE NO.: FD 5

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Merchant Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 14 1967

APR 5 1967

JUL 17 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 849
Local Reg. No. 47
Reg. Dist. No. 220

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 405-12th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Wade
b. (Middle)
c. (Last) Shangle

4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Feb. 20, 1885
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) janitor 06
10b. KIND OF BUSINESS OR INDUSTRY retail store
11. BIRTHPLACE (State or foreign country) Malta, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Shangle — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Rachael Carns — BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 539-10-4484
17. INFORMANT'S OWN SIGNATURE Wesley Green — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

605X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic cystitis 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gangrenous foot (Circ) 2 months.
DUE TO (c) General debility mobile est. for two mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* Feb 20, 1967, *that I last saw the deceased alive on* 2-20, 1967, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE John E. Carssown (Degree or title) 083
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Fe. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 2-28-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER V. Vassar
LICENSE NO. E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 850
Local Reg. No. 51
Reg. Dist. No. 220

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 — 208
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): 3135-9th St.

3. NAME OF DECEASED (Type or Print): a. (First) Tillie b. (Middle) M. c. (Last) Frye

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Jan. 24, 1882

9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Independence, Missouri

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Frank Manring — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Fannie — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Ruth Collins — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4434

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Hypertension &

DUE TO (c): Cardiac decompensation

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Infirmities.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1949, *to* Feb. 23, 1967, *that I last saw the deceased alive on* Feb. 22, 1967, *and that death occurred at* 10:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R M Stover MD

23b. ADDRESS: 939 Bryden Ave., Lewiston, Idaho

23c. DATE SIGNED: 2/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2-25-67

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 2-28-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: V. Vasser — LICENSE NO.: E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

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Certificate of Death

STATE OF IDAHO

State File No. 851
Local Reg. No. 46
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Nez Perce — MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lapwai — LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1/4 mi. N. of city limits

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lapwai
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES		WHITE	Feb.	23	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Indian	Widowed 2	July , 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Grain	NezPerce Co., Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathinal White	Alpowa, Wash.	Sarah Jane Grant	Cottonwood, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Roy C. White	Lapwai, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) head & chest injuries
DUE TO (c) auto-pedestrian accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	State Hi-Way 06	near Lapwai NezPerce Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Feb. 23, 1967 1:30 AM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Pedestrian struck by Auto.

22. *I hereby certify that I attended the deceased from* - - - - - -, 19 - -; *to* - - - - - -, 19 - -, *that I last saw the deceased alive on* - - - - - -, 19 - -; *and that death occurred at* 1:30AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. A. Type. 583	Acting Coroner	Lewiston, Idaho	23 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	27 Feb 1967	Grant Cemetery (Indian)	Lapwai, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-27-67	Mildred Hughes	W. E. Black — Malcom's Brower-Wann Memorial Chapel	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 852
Local Reg. No. 52
Reg. Dist. No. 220

BIRTH NO.

MAR 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 351 NezPerce 304
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1126-Cedar (Rural)

3. NAME OF DECEASED (Type or Print)
a. (First) Metha
b. (Middle) L.
c. (Last) DeVault

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Oct 24, 1917
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chicago, Ill.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Wm. Graythen — BIRTHPLACE NewOrleans, La.
14. MOTHER'S MAIDEN NAME Susanne Norton — BIRTHPLACE Coldwater, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 255-18-9050
17. INFORMANT'S OWN SIGNATURE Everett P DeVault — ADDRESS Lewiston, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4344

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Ht disease~~ Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH 1 wk.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cer Pulmonale — 2 yrs

DUE TO (c) Ht disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Bronchial Asthma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Ht Surgery 8 yrs ago D. Berg Shore Wash alt Rhum findings
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* Feb 23, 1967, *that I last saw the deceased alive on* Feb 28, 1967, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 1022 Joseph E Boedich, M.D. (Degree or title)
23b. ADDRESS 1022 17th St Lewiston Idaho
23c. DATE SIGNED 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 27, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. 2-28-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER A. J. Vassar — LICENSE NO. E 315

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

JAN 31 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 853
Local Reg. No. 56
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 111
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 350
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Southwick
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle)
c. (Last) LONGETEIG

4. DATE OF DEATH (Month) Feb. (Day) 23 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 28 May 1878
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Eureka, Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Wilson — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Elizabeth Ballew — BIRTHPLACE Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 42 0776 A
17. INFORMANT'S OWN SIGNATURE X Hazel Bales — ADDRESS Clarkston, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Inanition — INTERVAL BETWEEN ONSET AND DEATH Several weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senile mental confusion. Large cyst left lobe of thyroid. Chronic inflammation of eyelids. Dermatitis of [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-27, 1966, *to* 2-23, 1967, *that I last saw the deceased alive on* 2-17, 1967, *and that death occurred at* 5:36 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE K W Eastwood 152 (Degree or title) MD
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 27 Feb 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. E. Black — LICENSE NO. E-426
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1967

NOV 16 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 854
Local Reg. No. 48
Reg. Dist. No. 220

RECEIVED MAR 6 1967 307 309
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 404½ Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Harold	Edwards	February 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	July 4, 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
logger 17	Lumber	Blackfoot, Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert A. Edwards	Utah	Lydia H. Stephens	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-12-3625	Haroldean M. Mundt	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 593X Renal Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-6 *19*66 *to* 2-23 *, 19*67 *, that I last saw the deceased alive on* 2-23 *, 19*67 *, and that death occurred at* 7:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E. Owsley	9th & Main Lewiston Ida	2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Feb. 27, 1967	Prairie View Cemetery	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-28-67	Mildred Hughes	V. Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

MAR 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 855
Local Reg. No. 57
Reg. Dist. No. 220

RECEIVED MAR 6 1967 Bureau of Vital Stat.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 120

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 704 - Lapwai Road

3. NAME OF DECEASED (Type or Print)
a. (First) JULIUS
b. (Middle) ELI
c. (Last) HOPPE

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Feb. 21, 1873
9. AGE (In years last birthday) 94 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain
11. BIRTHPLACE (State or foreign country) Columbus, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Hoppe — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Carline Klug — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 60 7358JI
17. INFORMANT'S OWN SIGNATURE Lillian McFadden — ADDRESS Lewiston, Ida.

18. CAUSE OF DEATH 4330
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ht failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ht Block Rate 20 per minute (complete)
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1, 1960, *to* Feb 24th, 1967, *that I last saw the deceased alive on* ~~Feb 24th~~ Feb 24th, 1967, *and that death occurred at* 3:45 AM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 1023 Joseph E Boedick MD
23b. ADDRESS 1122 10th St Lewiston Idaho
23c. DATE SIGNED 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W. E. Black — LICENSE NO. E-426
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 856
Local Reg. No. 55
Reg. Dist. No. 220

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 306
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (In this place) 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 121

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1317 - 17th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) ISABELLA
b. (Middle) FRENCH
c. (Last) ROBERTSON

4. DATE OF DEATH (Month) Feb. (Day) 24, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH 23 Apr 1901
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper 19
10b. KIND OF BUSINESS OR INDUSTRY Lwst. Grain Growers Assc.
11. BIRTHPLACE (State or foreign country) Glasgow, Scotland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Robertson — BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Elizabeth French — BIRTHPLACE Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 09 3083 A
17. INFORMANT'S OWN SIGNATURE Agnes Bohman — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1750

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma of ovary or endometrium (patient had 2 primaries)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2 years.

19a. DATE OF OPERATION 15 July 65
19b. MAJOR FINDINGS OF OPERATION Primary carcinoma of ovary + uterus
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 July, 1965, *to* 23 Feb, 1967, *that I last saw the deceased alive on* 23 Feb, 1967, *and that death occurred at* 10:50 AM, *from the causes and on the date stated above.*

23a. SIGNATURE David W. Henson Sveld 227 (Degree or title)
23b. ADDRESS 307 St John's Way
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 28 Feb 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER W E Black — LICENSE NO. E426
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 857
Local Reg. No. 49
Reg. Dist. No. 220

BIRTH NO.

MAR 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 4th. St. & 2nd Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Lester b. (Middle) c. (Last) Queener

4. DATE OF DEATH (Month) 2 (Day) 24 (Year) 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married

8. DATE OF BIRTH 7-6-1885

9. AGE (In years last birthday) 81 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Farmington, Wash.

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas P. Queener BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Sylvia Fields BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 518 01 0651

17. INFORMANT'S OWN SIGNATURE X Mrs Lloyd Krogh ADDRESS W901 Shannon Spokane,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gangrene of foot

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Amputation of leg - Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH
Several weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-4, 1964, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-14, 1967, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Lewiston Idaho

23c. DATE SIGNED 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-28-1967

24c. NAME OF CEMETERY OR CREMATORY Freeze

24d. LOCATION (City, town, or county) (State) Freeze Idaho Latah County

DATE REC'D BY LOCAL REG. 2-28-67

REGISTRAR'S SIGNATURE Mildred Hughes

25. EMBALMER

LICENSE NO. E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 858
Local Reg. No. 65
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 357 Nezperce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursinghome 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho 252
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Whitebird
d. STREET ADDRESS (If rural, give location) Whitebird, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) LODICY b. (Middle) N c. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year) February 24, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH May 14, 1869

9. AGE (In years last birthday) 97 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Salt Lake City Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Mary Smith — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519 60 5699

17. INFORMANT'S OWN SIGNATURE Mrs Ward Lewellen — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of age — 2 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 16, 1964, *to* Feb. 24, 1967, *that I last saw the deceased alive on* Feb. 24, 1967, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Don Glover 507 (Degree or title) MD

23b. ADDRESS 939 Bryden Ave., Lewiston, Idaho

23c. DATE SIGNED 3-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/3/67

(24c. NAME OF CEMETERY OR CREMATORY) Prairieview

24d. LOCATION (City, town, or county) Grangeville, Idaho (State)

DATE REC'D BY LOCAL REG. 3-7-67

REGISTRAR'S SIGNATURE Mildred Hughes

25. EMBALMER Robert R Hansen — Robert R Hansen

LICENSE NO. E

FIRM NAME:

433

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: DEC 11 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECORD Certificate of Death

STATE OF IDAHO

State File No. 859
Local Reg. No. 53
Reg. Dist. No. 220

BIRTH NO.

MAR 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) 2113 Ripon Ave.

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) A c. (Last) Gause

4. DATE OF DEATH (Month) (Day) (Year) Feb. 24 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	3-14 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer O/C
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dealta Michigan
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Gause	Dakota Territory	Rhoda Ludlow	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	539 05 7582A	[signature]	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Pneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fractured left hip	
DUE TO (c)	Left hemiplegia	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 13 Nursing Home
21c. (CITY, TOWN, OR TOWNSHIP) Lewiston 351 (COUNTY) Nez Perce (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6:30pm 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fractured left hip

22. *I hereby certify that I attended the deceased from* Aug. *19*66, *to* Feb. 24, *19*67, *that I last saw the deceased alive on* Feb. 14, *19*67, *and that death occurred at* 12/30 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title)
23b. ADDRESS 939 Bryden Ave., Lewiston, Ida.
23c. DATE SIGNED 2/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 2
24b. DATE 2-27-1967
24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery
24d. LOCATION (City, town, or county) Clarkston, Wash. (State)

DATE REC'D BY LOCAL REG. 2-28-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER A. F. Vasser
LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 860
Local Reg. No. 63
Reg. Dist. No. 220

Certificate of Death

RECEIVED
MAR 2 0 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351
a. COUNTY Nez Perce 305
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 234 Thain

3. NAME OF DECEASED (Type or Print)
a. (First) EVA
b. (Middle) MARIE
c. (Last) CARRICO

4. DATE OF DEATH (Month) Feb. (Day) 24 (Year) 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Dec. 21, 1912
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months | Days — IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Schaffer, Michigan
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Nantelle — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Emma Couillard — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Laurie Carrico — ADDRESS Orofino Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adenocarcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with extensive metastasis — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-3, 1964, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-24, 1967, *and that death occurred at* 5:15 p *m., from the causes and on the date stated above.*

23a. SIGNATURE 028 John F. Garner M.D. (Degree or title)
23b. ADDRESS 347 St Johns Way Lewiston Idaho
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE March 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. March 1, 1967
REGISTRAR'S SIGNATURE June M. Powell
25. EMBALMER Lyl A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 19 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 861
Local Reg. No. 62
Reg. Dist. No. 220

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce 302
b. CITY OR TOWN Lewiston
(If outside corporate limits, write RURAL and give Township)
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1428 18th. St.

3. NAME OF DECEASED (Type or Print)
a. (First) Edward
b. (Middle) F
c. (Last) Meyer

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
male	white	married	April 25 1918	48		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber Finisher 17	Sawmill	Stuart, Nebr.	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Meyer	no record	Frances Uphoff	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	Army	518-12-4712	Mrs Edward Meyer	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aplastic Anemia. — 3+ days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic peptic ulcer. — 3+++ days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Feb, 1967, *to* 26 Feb, 1967, *that I last saw the deceased alive on* 26 Feb, 1967, *and that death occurred at* 5 30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Ellenwood MD	Lewiston Ida.	2 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 2, 1967	Normal Hill cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-3-67	Mildred Hughes	V. Vasser	

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 1 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 2 8 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 1 1977

APR 1 5 1986

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 862
Local Reg. No. 54
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 124
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
c. LENGTH OF STAY (in this place) 24 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Orchards
d. STREET ADDRESS (If rural, give location) Somerville Home

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle)
c. (Last) Daly

4. DATE OF DEATH (Month) 2 (Day) 27 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 4-11-1882
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 04
10b. KIND OF BUSINESS OR INDUSTRY farm
11. BIRTHPLACE (State or foreign country) Norfolk, England
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 538 16 0305
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 2-3 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Dermatitis of scalp. Large hydrocele left

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* 2-27, 1967, *that I last saw the deceased alive on* 2-25, 1967, *and that death occurred at* 1:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 152 (Degree or title) MD
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE March 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 2-28-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER V. Vassar
LICENSE NO. E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 863
Local Reg. No. 61
Reg. Dist. No. 220

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce — MAR 6 1967
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY (In this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing HOme 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY NezPerce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Peck
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) — a. (First) JOHN — b. (Middle) — c. (Last) WATSON
4. DATE OF DEATH (Month) Feb. (Day) 27 (Year) 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 5, 1881
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain
11. BIRTHPLACE (State or foreign country) Bamphshire, Scotland
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William I. Watson — BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Barbara Lorimer — BIRTHPLACE Scotland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 42 2771
17. INFORMANT'S OWN SIGNATURE William B. Watson — ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate gland — INTERVAL BETWEEN ONSET AND DEATH 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic coronary sclerosis

19a. DATE OF OPERATION 9/17/65
19b. MAJOR FINDINGS OF OPERATION Carcinoma prostate
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* Feb 27, 1967, *that I last saw the deceased alive on* Feb 25, 1967, *and that death occurred at* 2:20 AM m., *from the causes and on the date stated above.*

23a. SIGNATURE R. J. Black, M.D. (Degree or title)
23b. ADDRESS 307 St Johnsbury Terr Lewiston
23c. DATE SIGNED 3/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2 March 1967
24c. NAME OF CEMETERY OR CREMATORY Melrose Cemetery
24d. LOCATION (City, town, or county) (State) Melrose, NezPerce Co., Idaho

DATE REC'D BY LOCAL REG. 3-2-67
REGISTRAR'S SIGNATURE Mildred Hughes
25. EMBALMER L. E. DeBaun — LICENSE NO. E-295
FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 9 1967

- DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 864
Local Reg. No. 60
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY (in this place) 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 35 Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3101 - 9th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MORRISON	GRANT	McMILLAN	Feb.	27	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	26 October 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Chip Gringer 17	Lumbering Mill	Craige, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William McMillan		Mattie Hollenbeck	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 30 7721 A	Winfred M. McMillan	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral hemorrhage. — INTERVAL BETWEEN ONSET AND DEATH: 4 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis. — 11 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1966, *to* 27 Feb, 1967, *that I last saw the deceased alive on* 27 Feb, 1967, *and that death occurred at* 4:55 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] MD	MD	Lewiston Idaho	2 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	1 March 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-2-67	Mildred Hughes	L. E. DeBaun	E-295
		Malcom's Brower-Wann Memorial Chapel	

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

MAR 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 865
Local Reg. No. 66
Reg. Dist. No. 220

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	EDWARD	WILLIAM	BOZARTH	Feb.	28	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	21 June 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock & Grain	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William R. Bozarth	Missouri	Elizabeth McKinze	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 42 2889	Lois Bozarth	Culdesac, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) coronary artery disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1, 19[illegible], *to* Feb 28, 1967, *that I last saw the deceased alive on* Feb 28, 1967, *and that death occurred at* 2:06 am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.S. Wellsbrood	MD	1522 17th St	3-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 3, 1967	Lewis-Clark Mem. Garden	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible; State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 14 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 866
Local Reg. No. -2-
Reg. Dist. No. 530

BIRTH NO.

RECEIVED
MAR 10 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 185 South Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOHN	FRANKLIN	FREDRICKSON	Feb	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Jan 30, 1881	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer -Business	Farming - Business	Malad City, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
PETER FREDRICKSON	Denmark	ANNA JOHNSON	Stockholm, Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-42-7651	Lou Warner	Twin Falls, Idh.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 72 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct, *1966, to* Feb 3, *1967, that I last saw the deceased alive on* Feb 3 *1967, and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Malad City, Idaho	Feb 4, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb 6, 1967	Malad City Cemetery	Malad City, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb 4, 1967	Ruth G. Sumsion	Ralford G. Benson	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 23 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 867
Local Reg. No. -2-
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 360 Oneida 313
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
c. LENGTH OF STAY (in this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Oneida 360
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad, Idaho SPOUSE: Jane Jones
d. STREET ADDRESS (If rural, give location) 640 North 200 West St

3. NAME OF DECEASED (Type or Print)
a. (First) VICTOR
b. (Middle) R.
c. (Last) JONES

4. DATE OF DEATH (Month) Feb (Day) 23 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH Feb 8, 1908
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Meter Reader 09
10b. KIND OF BUSINESS OR INDUSTRY Utah Power Co.
11. BIRTHPLACE (State or foreign country) Malad, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN J. JONES — BIRTHPLACE MALAD, IDH
14. MOTHER'S MAIDEN NAME ARMENTA RICHARDS — BIRTHPLACE ELKHORN, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 518-18-5509
17. INFORMANT'S OWN SIGNATURE Victor D. Jones — ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1966, *to* Feb 23, 1967, *that I last saw the deceased alive on* Feb 23, 1967, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 315 Mabey J. (Degree or title) M.D.
23b. ADDRESS Malad City, Idaho
23c. DATE SIGNED Feb 25, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb 27, 1967
24c. NAME OF CEMETERY OR CREMATORY Malad City Cemetery
24d. LOCATION (City, town, or county) (State) Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG. 2/25/67
REGISTRAR'S SIGNATURE Ruth G. Sweeten
25. EMBALMER Raiford G. Benson — LICENSE NO. E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 868
Local Reg. No. 7
Reg. Dist. No. 33

BIRTH NO.

RECEIVED
FEB 2 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payet 106
c. LENGTH OF STAY (in this place): 6 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium 343

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette 380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland,
d. STREET ADDRESS (If rural, give location): - - -

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Martha	Mabel	Bigelow	Feb. 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	October 17, 1873	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 21	Own home	Onslo, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	- - - - -	No record	- - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	Unknown	Leslie Bigelow	Alhambra, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - -m. -		- - - -

22. *I hereby certify that I attended the deceased from* March, 1967, *to* Feb. 15, 1967, *that I last saw the deceased alive on* Feb. 15, 1967, *and that death occurred at* 11:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roman W Walk Jr	M.D.	Payette, Idaho	2/15/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 18, 1967	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Feb. 18-1967	Roberta E. Shaffer	Gifford R. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 869
Local Reg. No. 8
Reg. Dist. No. 330

BIRTH NO.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette (217)
b. CITY OR TOWN: Payette
c. LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Payette Valley Sanitarium (543)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette (372)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Herman c. (Last) Boehm

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: July 29, 1894
9. AGE (In years last birthday): 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laundry worker 66
10b. KIND OF BUSINESS OR INDUSTRY: Hospital
11. BIRTHPLACE (State or foreign country): Shumway, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Boehm — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Ada Heiden — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Bertha Boehm — ADDRESS: New Plymouth, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic asteriosclerotic heart disease with decompensation and edema — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes Mellitus with peripheral arteriosclerosis — 5 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peripheral Leukemia Gangrene Chronic pulmonary emphysema and fibrosis — 2 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - -

22. *I hereby certify that I attended the deceased from* Oct. 15, 1966, *to* Feb. 17, 1967, *that I last saw the deceased alive on* Feb. 17, 1967, *and that death occurred at* 7:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Geo E. Davis (Degree or title): M.D.
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: 2/17/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-20-1967
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 2-20-1967
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford L. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 870
Local Reg. No. 9
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 370 Payette 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
LENGTH OF STAY (in this place) 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Nursing Home 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1110 Dundee

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David		Gilbert	Feb. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Dec. 21, 1882	84	2	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter 21	building	Braughton, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Augustus Gilbert	Illinois	Nancy Earl	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 01 3744	X Ruth Gilbert	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebrovascular Disease — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 2, 1966, *to* Feb 21, 1967, *that I last saw the deceased alive on* Feb 20, 1967, *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. Randall M.D. 082	Payette Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 24, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-28-67	Roberta Eathoffer	Glenn W Beatty	E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 871
Local Reg. No. 5
Reg. Dist. No. 510-602

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 312
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (in this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUISE	R.	BRUCKS	Feb. 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 27, 1885	81	11	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Mountain Lake, Minn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Ratzloff	Russia	Louise Penner	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mrs. E. M. Dalke	Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive pulmonary embolus	10 min.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Thrombophlebitis of right leg	2 days
DUE TO (c)	Arteriosclerosis	3 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Low grade mature diabetes	4 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 2, 1967	Amputation of lower right leg for dry gangrene	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 1965, *to* Feb. 3, 1967, *that I last saw the deceased alive on* Feb. 3, 1967, *and that death occurred at* 2:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris M.D.	American Falls, Idaho	2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	2-6-67	Homestead Cemetery	Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-9-67	Callen Hatfield	Bud Kelly Bud Kelly	E-467

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 872
Local Reg. No. 13
Reg. Dist. No. 140

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 13 Mullan

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace,
d. STREET ADDRESS (If rural, give location) 13 Mullan Ave.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) East

4. DATE OF DEATH (Month) (Day) (Year) Jan. 30, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Dec. 7, 1906

9. AGE (In years last birthday) 60
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Mace, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John East
BIRTHPLACE Un.

14. MOTHER'S MAIDEN NAME Lola Hoskins
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-12-8246

17. INFORMANT'S OWN SIGNATURE X [illegible]
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Acute & Chronic Hypertrophy Myocardial Infarction — Several years

DUE TO (c) Renal Disease, Kyphosis, — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rectovesical Fistula — Several years
Bilateral Inguinal Hernias, Properitoneal

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-11-19[illegible], *to* 1-30, 1967, *that I last saw the deceased alive on* 1-30, 1967, *and that death occurred at* about [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE A. M. Peterson, M.D. (Degree or title)

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-4-67

24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery

24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 2-6-67

REGISTRAR'S SIGNATURE Dale L. Cornell

25. EMBALMER Dale L. Cornell
LICENSE NO. E 406

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 873
Local Reg. No. 15
Reg. Dist. No. 142

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at 1702 McKinley Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai 280
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): Harrison, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): R
c. (Last): LEHMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Nov.19, 1941
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Zinc Plant Worker 67
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Levi Lehman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-48-1903
17. INFORMANT'S OWN SIGNATURE: x Levi Lehman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Epileptic Seizure — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1 *19*67, *to* 1-1, *19*67, *that I last saw the deceased alive on* 1-1, *19*67, *and that death occurred at* about 1:42 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb.4,1967
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn
24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 2-10-67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross
LICENSE NO.: E 497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 874
Local Reg. No. 13
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 401 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 460
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location) Pinehurst, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	P.	WARD	Feb. 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Sept. 15, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Millworker	607 Mining	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elias Ward	Unknown	Alta Brandon	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	507-10-9987A	C E Ward	

MEDICAL CERTIFICATION

1777

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 23 Jan, 19 67, *to* 1 February, 19 67, *that I last saw the deceased alive on* 1 February, 1967, *and that death occurred at* 5:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Cordwell, MD	Kellogg, Idaho	3 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 4, 1967	Forest	Coeur D' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-6-67	Joe Dutton	Robert G. Ross	E 497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 13 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 875
Local Reg. No. 12
Reg. Dist. No. 140

BIRTH NO.

RECEIVED FEB 9 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Shoshone 403
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone 403
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 323 Elm Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carroll	W.	Beamer	Feb. 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Sept. 1, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
accountant 19	White & Bender	West Union, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-0689A	Mrs. E. Beamer	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-2-1967 *to* 2-2-1967, *that I last saw the deceased alive on* 2-2-1967, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson, M.D.	Wallace, Idaho	2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-11-67	Restlawn Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-7-67	Dale Cornell	Dale L. Cornell	E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 876
Local Reg. No. 14
Reg. Dist. No. 140

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Walter		Nelson	Feb. 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Nevermarried	12-25-1889	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher		Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-60-7840	X Ernest Colyer	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	Few minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Hypertensive Cardiovascular	Several years
DUE TO (c)	Renal Disease Arthritis & Traumatic Arthritis of Right Hip Joint	Many years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Degeneration of Right Hip Joint Post Operative Bastrectomy Syndrome	three years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan 6, 1962 *to* Jan 6, 1967, *that I last saw the deceased alive on* Jan 6, 1967, *and that death occurred at* 2:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T. M. Peterson	M. D.	Wallace, Idaho	2-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-9-67	Nine Mile Cemetery	Wallace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-13-67	Hale Cornell	Dale L. Cornell	E 406

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 877
Local Reg. No. 16
Reg. Dist. No. 142

RECEIVED Certificate of Death

STATE OF IDAHO

BIRTH NO. MAR 6 1967

Bureau of Vital 303

1. PLACE OF DEATH
a. COUNTY 401 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp. 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 401
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 120 W. Elder

3. NAME OF DECEASED (Type or Print)
a. (First) LISA
b. (Middle) J.
c. (Last) MATSON

4. DATE OF DEATH (Month) (Day) (Year) Feb. 6, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec. 29, 1878
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-56-5092J1
17. INFORMANT'S OWN SIGNATURE Ina Lenander — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible] — 4 days
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

903 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 401 (COUNTY) (STATE) Kellogg, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-2-67 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? became dizzy & fell

22. *I hereby certify that I attended the deceased from* 2-3, 1967, *to* 2-6, 1967, *that I last saw the deceased alive on* 2-6, 1967, *and that death occurred at* 3:25 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE 494 [illegible] (Degree or title)
23b. ADDRESS Kellogg Idaho
23c. DATE SIGNED 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg, (State) Idaho

DATE REC'D BY LOCAL REG. 2-27-67
REGISTRAR'S SIGNATURE [illegible]
25. EMBALMER Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 878
Local Reg. No. 15
Reg. Dist. No. 140

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 402 Shoshone
b. CITY OR TOWN Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) August b. (Middle) c. (Last) Holst

4. DATE OF DEATH (Month) (Day) (Year) Feb. 9, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 12-25-1877
9. AGE (In years last birthday) 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bartender 23
10b. KIND OF BUSINESS OR INDUSTRY Elks Lodge
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Abraham Holst BIRTHPLACE Un.
14. MOTHER'S MAIDEN NAME Karlan BIRTHPLACE Un.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-20-5225
17. INFORMANT'S OWN SIGNATURE X Hospital Records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intertrochanteric Fracture right femur & shock — 5 days
DUE TO (c) Coronary Sclerosis & Insufficiency — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, Generalized — Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) County Hospital
21c. (CITY, TOWN, OR TOWNSHIP) 402 Silverton (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2-4-67 8 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell on floor

22. *I hereby certify that I attended the deceased from* July 1, 1946, *to* 2-9, 1967, *that I last saw the deceased alive on* 2-9, 1967, *and that death occurred at* 12:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE J. M. Peterson, M.D. (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 2-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-14-67
24c. NAME OF CEMETERY OR CREMATORY Nine Mile
24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 2-14-67
REGISTRAR'S SIGNATURE Dale Harnell
25. EMBALMER Dale L. Cornell
LICENSE NO. E 406

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 879
Local Reg. No. 20
Reg. Dist. No. 140

BIRTH NO.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hiway #10

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 2333 W. Garland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	Caton	Garrison	Feb. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 12, 1914	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver	United Buckingham	Bow Island, Alberta Can.	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Garrison	Unknown	Maude Caton	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II	536-07-1106	Eddy Garrison	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Failure due to Arrhythmia — Interval between onset and death: One minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) atherosclerosis of coronary arteries severe — Several years

DUE TO (c) Myocardial Infarctions with apical aneurysmal dilatation — Several months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple acute focal myocarditis Interstitial fibrosis of lungs — Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-10, 1967, *to* 2-10, 1967, *that I last saw the deceased alive on* 2-10, 1967, *and that death occurred at* about 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. M. Peterson, M.D.	Wallace Idaho	2-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-13-67	Spokane Mem. Gardens	Spokane Co. Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-23-67		Dale L. Cornell	E 406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 28 1967

MAR 8 1967

MAR 17 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 880
Local Reg. No. 16
Reg. Dist. No. 140

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 402 Shoshone 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) P.O. Box 722

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle)
c. (Last) Cantamessa

4. DATE OF DEATH (Month) (Day) (Year) Feb. 11, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 30, 1899
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Belt, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Louis Rizzonelli — BIRTHPLACE Un.
14. MOTHER'S MAIDEN NAME Virginia Ghezzi — BIRTHPLACE Un.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-24-2394
17. INFORMANT'S OWN SIGNATURE F. W. Cantamessa — ADDRESS Wallace

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstruction of colon — INTERVAL BETWEEN ONSET AND DEATH: 2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis, Source
DUE TO (c) Undetermined

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 12/12/66
19b. MAJOR FINDINGS OF OPERATION Abdominal Carcinomatosis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/10, 1967, *to* 2/11, 1967, *that I last saw the deceased alive on* 2/11, 1967 *and that death occurred at* 4:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE Orland B. Brown MD (Degree or title) 461
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery
24d. LOCATION (City, town, or county) Wallace, (State) Idaho

DATE REC'D BY LOCAL REG. 2-15-67
REGISTRAR'S SIGNATURE Dale L. Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 881
Local Reg. No. 18
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 402 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gem
d. STREET ADDRESS (If rural, give location) Gem Star Route

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Ruppert
c. (Last) Cowen

4. DATE OF DEATH (Month) (Day) (Year) Feb. 13, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Mar. 7, 1902

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Galena, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-01-3890

17. INFORMANT'S OWN SIGNATURE Thelma K Cowen
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive, Cardiovascular Renal Disease — Several years

DUE TO (c) Arteriosclerotic Heart Disease Myocardial Ischemia, Severe — Several years 6 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-5, 1967, *to* 2-13, 1967, *that I last saw the deceased alive on* 2-13, 1967, *and that death occurred at* 8:05 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE C. M. Peterson (Degree or title) M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-18-67

24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery

24d. LOCATION (City, town, or county) Wallace, Idaho (State)

DATE REC'D BY LOCAL REG. 2-15-67

REGISTRAR'S SIGNATURE Dale L Cornell

25. EMBALMER Dale L. Cornell
LICENSE NO. E 406

FIRM NAME Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 882
Local Reg. No. 17
Reg. Dist. No. 140

BIRTH NO.

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Co. Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): W Pearl Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bertha	Marie	Hendrickson	Feb. 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Apr. 10, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	Elks Lodge	Finland	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eric Lundgreen	Unknown	Maria Koch	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-03-0783A	X [illegible] Hendrickson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	Few seconds
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral Hemorrhage, Small	2 years
DUE TO (c)	Diffuse Coronary Artery Disease	Several years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Old Posterior Wall Myocardial Infarction; Hypertensive, Cardiovascular Renal Disease	Several years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-14, 1967, *to* 2-13, 1967, *that I last saw the deceased alive on* 2-13, 1967, *and that death occurred at* 3:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson M.D.	Wallace Idaho	2-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-16-67	Nine Mile Cemetery	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	Dale Cornell	Dale L. Cornell	E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 4 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 883
Local Reg. No. 21
Reg. Dist. No. 140

Certificate of Death

RECEIVED FEB 2 8 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burke
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hecla Mining Co.-Surface Plant

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) 1202 Polaris Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elmer	Raymond	Haxton	Feb. 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec. 31, 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Millman	Hecla Mining	Carl Junction, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Haxton	Un.	Theresa Dial	Un.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-01-8762	[signature]	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-14-1962 *to* 2-14-1967, *that I last saw the deceased alive on* 2-14-1967, *and that death occurred at* about 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson	M.D.	Wallace, Idaho	2-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-17-67	Shoshone Memorial	Pinehurst Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-23-67	[signature]	Dale L. Cornell	E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 2 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 884
Local Reg. No. 19
Reg. Dist. No. 140

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
FEB 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 400 Shoshone 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) County Nursing Home 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 312 Washington

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Smith
c. (Last) Cravens

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 14, 1876
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-9443
17. INFORMANT'S OWN SIGNATURE Hospital records — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* 16 Feb, 1967, *that I last saw the deceased alive on* 15 Feb, 1967, *and that death occurred at* 7:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert J. Revell 435 MD (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 2/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-18-67
24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery
24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 2-17-67
REGISTRAR'S SIGNATURE Dale L. Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 885
Local Reg. No. 17
Reg. Dist. No. 142

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Shoshone County Nursery Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): Osburn, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Chester b. (Middle) J. c. (Last) Wagar

4. DATE OF DEATH (Month) (Day) (Year): Feb. 16, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: July 11, 1879

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Millman

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Cherokee, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Wagar
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Alidia Garbet
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 503-03-3614

17. INFORMANT'S OWN SIGNATURE / ADDRESS

33 IX

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhages — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerosis, Generalized — Several years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1964, *to* 2-16, 1967, *that I last saw the deceased alive on* 2-16, 1967, *and that death occurred at* 7:35 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: G. M. Peterson (Degree or title) M.D.
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3-1-67
REGISTRAR'S SIGNATURE: Joe Devine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 886
Local Reg. No.
Reg. Dist. No. 142

BIRTH NO. REC MAR 1 6 1967

1. PLACE OF DEATH
a. COUNTY 402 SHOSHONE 505
b. CITY OR TOWN RURAL WALLACE
c. LENGTH OF STAY (in this place) FEW MINUTES
d. FULL NAME OF HOSPITAL OR INSTITUTION One mile east of Wallace Idaho on Hiway #90

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY SHOSHONE 401
c. CITY OR TOWN KELLOGG
d. STREET ADDRESS (If rural, give location) 14 West Market

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RONALD	C.	DILLEY	FEB. 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	NEVER MARRIED	Sept. 17, 1933	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Smelterman	Mining	LIND, WASHINGTON	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JACK DILLEY	WASHINGTON	MARIE GRAVES	WASHINGTON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	KOREAN 7	533-30-0787	Mark W. Dilley	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 402 (COUNTY) (STATE)
Accident	Highway - Hwy	Shoshone, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
Feb 26 1967 2:30 p.m.		Auto accident

22. *I hereby certify that I attended the deceased from* 2-26, 19 67, *to* 2-26, 19 67, *that I last saw the deceased alive on* 2-26, 19 67, *and that death occurred at* 1:35 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	MD	Wallace Idaho	3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Feb. 27, 1967		Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-10-67	J. C. Irvine	Vander Maisel	452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 887
Local Reg. No. 18
Reg. Dist. No. 142

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 401 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp. 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 401
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 701 Caledonia

3. NAME OF DECEASED (Type or Print)
a. (First) FLOYD
b. (Middle) D.
c. (Last) FISHER

4. DATE OF DEATH (Month) (Day) (Year) Feb. 26, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH June 5, 1892
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Electrician
10b. KIND OF BUSINESS OR INDUSTRY 07 Mining
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse T. Fisher — BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Sackie S. Donnell — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-3875
17. INFORMANT'S OWN SIGNATURE Mrs Louis Amas — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c) [illegible]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* [illegible] *'m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 494 (Degree or title)
23b. ADDRESS [illegible]
23c. DATE SIGNED [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg, (State) Idaho

DATE REC'D BY LOCAL REG. 3-1-67
REGISTRAR'S SIGNATURE Joe Irvine
25. EMBALMER Donald Maisel — LICENSE NO. E 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 888
Local Reg. No. 24
Reg. Dist. No. 140

RECEIVED MAR 1 51967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 462 Shoshone COR
b. CITY OR TOWN Wallace
c. LENGTH OF STAY (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Providence Hospital 1339

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY Shoshone 462
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 1005 E Pearl

3. NAME OF DECEASED (Type or Print): a. (First) Rex b. (Middle) Glenn c. (Last) Perkins

4. DATE OF DEATH: (Month) Feb. (Day) 27, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-4-99

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Middleton, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Un. BIRTHPLACE: Un.

14. MOTHER'S MAIDEN NAME: BIRTHPLACE: Un.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 503-01-8937A

17. INFORMANT'S OWN SIGNATURE Robert W. Perkins ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Renal Disease — several years

DUE TO (c) Arteriosclerosis — several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1967, *to* 2-27, 1967, *that I last saw the deceased alive on* 2-27, 1967, *and that death occurred at* 3:22 A m., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. (Degree or title)

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-9-67

24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery

24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 3-9-67

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E 406

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 2 6 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 889
Local Reg. No. 22
Reg. Dist. No. 140

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAR 8 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 402 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mullan
d. STREET ADDRESS (If rural, give location) 517 Earl

3. NAME OF DECEASED (Type or Print) a. (First) Domingo b. (Middle) c. (Last) Zabala

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 2, 1888
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Spain
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Feliz Zabala — BIRTHPLACE Spain
14. MOTHER'S MAIDEN NAME Lucia Irauzski — BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-9289
17. INFORMANT'S OWN SIGNATURE X Elena Zabala — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardio vascular disease — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1967, *to* 2-27, 1967, *that I last saw the deceased alive on* 2-27, 1967 *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul Ellis MD 155 (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Mullan
24d. LOCATION (City, town, or county) (State) Mullan Idaho

DATE REC'D BY LOCAL REG. March 1, 1967
REGISTRAR'S SIGNATURE Dale L Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 0 8 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 890
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
MAR 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 401 Shoshone 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen Hosp. 141

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY Kitsap 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bremerton
d. STREET ADDRESS (If rural, give location) 1543 Bertha Ave

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Wallace c. (Last) Bates

4. DATE OF DEATH (Month) (Day) (Year) Feb. 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug. 9, 1888
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Painter 21
10b. KIND OF BUSINESS OR INDUSTRY Painting
11. BIRTHPLACE (State or foreign country) New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Bates BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Nellie Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 520-16-8320
17. INFORMANT'S OWN SIGNATURE Gordon W Bates ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Disease c̄ acute Decay — Several years
DUE TO (c) Arteriosclerotic Heart Dis. — 12 hours

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diarrhea

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/27, 1967, *to* 2/27, 1967, *that I last saw the deceased alive on* 2/27, 1967 *and that death occurred at* 10:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Glen M. Whitehill MD 539 (Degree or title)
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 2 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Mar. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Bremerton, Washington

DATE REC'D BY LOCAL REG. 3-2-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Donald Maisel LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 891
Local Reg. No.
Reg. Dist. No. 620

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Sister's Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 606 Belson St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THOMAS	E.	MURPHY	February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	4 October 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 2y	----	Eagle Rock, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gideon Murphy	Atlanta, Ga.	Alice Simons	Chicken Creek, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----	unknown	Family Records	Driggs Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 7:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. J. Gunn 583	Coroner	Driggs Idaho	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8 Feb. 1967	Cloverdale Memorial Park	Boise, Ada County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-20-67	Ella Driggs	Robert Bean Robert Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 892
Local Reg. No. 12-057
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 9 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY 401 Twin Falls 305
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 5 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls 430
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 620 12th St. N.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

3. NAME OF DECEASED (Type or Print)
a. (First) Mary
b. (Middle) B.
c. (Last) Graesch

4. DATE OF DEATH (Month) Feb. (Day) 1, (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Oct. 11, 1884

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Warden, Illinois

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Bentrup — BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Sophie Doding — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-60-8441

17. INFORMANT'S OWN SIGNATURE Mrs. Henry F. Graesch — ADDRESS Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ulcerated Carcinoma of Stomach — Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellatus — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 17, 1964, *to* February, 1967, *that I last saw the deceased alive on* Feb. 1, 1967, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D
23b. ADDRESS 1229 Ave N Buhl
23c. DATE SIGNED 2-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Feb. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY Clover Lutheran Cemetery
24d. LOCATION (City, town, or county) (State) Buhl, Twin Falls Co., Idaho

DATE REC'D BY LOCAL REG. 2/8/67
REGISTRAR'S SIGNATURE Pamela F. Johnson
25. EMBALMER Jim C. Hopkins
LICENSE NO. E-482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 893
Local Reg. No. D-050
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem.Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY T.Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 136 Ash Street

3. NAME OF DECEASED (Type or Print)
a. (First) Lillian
b. (Middle) Biggs
c. (Last) Hopper

4. DATE OF DEATH (Month) (Day) (Year) February 2,1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH July 16,1899
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret.Waitress 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairfield,Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lorenzo Biggs — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Ella E.Peck — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 522-12-5681A
17. INFORMANT'S OWN SIGNATURE Evan Koch — ADDRESS Twin Falls,Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Right Hemaplegia-Aphasia
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Med Hypertension

INTERVAL BETWEEN ONSET AND DEATH: 2-weeks; Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-5, 1956, *to* 2/2/, 1967, *that I last saw the deceased alive on* 2-1, 1967 *and that death occurred at* 7:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE D.A. McCluskey M.D. 338 (Degree or title) M.D.
23b. ADDRESS Twin Falls,Idaho
23c. DATE SIGNED 2-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/6/67
24c. NAME OF CEMETERY OR CREMATORY Mt.View Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello,Idaho

DATE REC'D BY LOCAL REG. 2/7/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Paul D.Reynolds — Paul D. Reynolds
LICENSE NO. E-495

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 894
Local Reg. No. 2-048
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 9 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 497 Heyburn Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JEANNE		WIRSHING	2 - 2 - 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	2-29-1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse 13	Nursing	San Francisco, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Aaron Shinn	Iowa	Wilhelmina Albertsen	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
No		559-28-4277A	Alfred L Wirshing, Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ventricular Fibrillation	35 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute Myocardial Infarction	3 hr
DUE TO (c)	Arteriosclerotic Heart Disease	unknown
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Duodenal ulcer	3 wks +

4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2 Feb, 1967, *to* 2 Feb, 1967, *that I last saw the deceased alive on* 2 Feb, 1967, *and that death occurred at* 1:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James A. Gaylord 489	M.D.	Twin Falls Clinic, Twin Falls, Idaho	2/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-4-1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/7/67	Pamela Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

FEB 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 30 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 895
Local Reg. No. 12-054
Reg. Dist. No. 460

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street location): Snake River Canyon- Perrine Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1628 Willow Lane

3. NAME OF DECEASED (Type or Print): a. (First) JOANNE b. (Middle) c. (Last) KEYT

4. DATE OF DEATH (Month) (Day) (Year): February 3,1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: November 14,1924
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Los Angeles, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alfred W.Stromwell — BIRTHPLACE: Chicago, Ill.
14. MOTHER'S MAIDEN NAME: Mary B.Compton — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 554-24-1680
17. INFORMANT'S OWN SIGNATURE: Twin Falls, ADDRESS Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fracture and Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall of 420 feet —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute and Chronic Depression — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Perrine Memorial Bridge
21c. (CITY, TOWN, OR TOWNSHIP) Twin Falls (COUNTY) 421 (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 3 67 5 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Patient Jumped From Bridge

22. *I hereby certify that I attended the deceased from* Did not attend, to _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Thad Scholer M.D. 583 (Degree or title): Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/8/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/8/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: E-499
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 896
Local Reg. No. D-053
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 660 Main Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First) ETHEL
b. (Middle)
c. (Last) VANDORN

4. DATE OF DEATH (Month) (Day) (Year) February 3, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Sept. 19, 1884
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown — BIRTHPLACE Gartrell
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) - - - - - - - -
16. SOCIAL SECURITY NO. 543-24-6918
17. INFORMANT'S OWN SIGNATURE Hospital Records — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thrombosis Lt middle Cerebral artery — INTERVAL BETWEEN ONSET AND DEATH 3 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypopituitarism (post op cranio pharyngioma removal 1961) 5½ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 1-22- *, 19*63*, to* 2-3- *, 19*67*, that I last saw the deceased alive on* 2-3- *, 19*67*, and that death occurred at* 3:45 a.m.*, from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) B. L. Kreilhamp M.P. 296
23b. ADDRESS 676 Shoup Ave. W. tTwin Falls, Idaho
23c. DATE SIGNED 2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3
24b. DATE 2-8-67
24c. NAME OF CEMETERY OR CREMATORY Oakwood Memorial Park
24d. LOCATION (City, town, or county) (State) Chattsworth, California

DATE REC'D BY LOCAL REG. 2/8/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 22 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 897
Local Reg. No. D-049
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If not in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 430 Van Buren 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 430 Van Buren

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Vinson
c. (Last): Murphy

4. DATE OF DEATH (Month) (Day) (Year): February 4, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: October 8, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clay County, South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Daniel Murphy D. Murphy — BIRTHPLACE: Putnam Co., Ind.
14. MOTHER'S MAIDEN NAME: Hannah M. Vinson — BIRTHPLACE: Marshaltown, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508-01-5558-T
17. INFORMANT'S OWN SIGNATURE: Robert B. Murphy — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rheumatic Heart Disease
DUE TO (c): Mitral Insufficiency & Auricular Fibrillation

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Arteriosclerotic Heart Disease Bilateral Hernia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9/3, 1960, *to* 2/4/, 1967, *that I last saw the deceased alive on* 2/4, 1967, *and that death occurred at* 3:15a. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Roy O. Shaub 466 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/5/67
24c. NAME OF CEMETERY OR CREMATORY: Bonnar Cemetery
24d. LOCATION (City, town, or county) (State): Burwell, Nebraska

DATE REC'D BY LOCAL REG.: 2/7/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds — Paul D. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 898
Local Reg. No. 0065
Reg. Dist. No. 420

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 491 Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY T.Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Franklin	Holloway	February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 15, 1868	98				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Mirian Co., Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Abija Holloway — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-56-9165
17. INFORMANT'S OWN SIGNATURE Twin Falls, ADDRESS Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4465 Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 1965, *to* 2/5/, 19 67, *that I last saw the deceased alive on* Jan 26, 1967, *and that death occurred at* 2:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE Max W. Gruver 085 (Degree or title) M.D.
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED Feb 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/8/67
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 2/8/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER James C. Reynolds
LICENSE NO. E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 899
Local Reg. No. 12-256
Reg. Dist. No. 460

RECEIVED FEB 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN: Twin Falls
d. STREET ADDRESS (If rural, give location): 103 Polk Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	Leonard	Personuis	February 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 29, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Bus Line Operator		Fairmont, Minn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George A. Personius	S. Lansing, N.Y.	Addie A. Groom	Red Wing, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-36-7700	James C. Reynolds	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis — 10 years

DUE TO (c) Diabetis Mellitus — 5 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 1, 1966, *to* 2/5/, 1967, *that I last saw the deceased alive on* 2-3, 1967, *and that death occurred at* 9:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
I. Thad Schulz M.D.	Twin Falls, Idaho	2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/9/67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
2/8/67	Pamela J. Johnson	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 900
Local Reg. No. 12-063
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 301 Twin Falls
b. CITY OR TOWN (If outside corporate limits, give RURAL and township) Twin Falls | LENGTH OF STAY (in this place) 1 Day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Buhl
d. STREET ADDRESS (If rural, give location) Rural Route 4

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 43 Magic Valley Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James Gilbert		Lynch	Feb.	5,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 14, 1869	97				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	Agriculture	Michigan	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Gilbert Lynch	Michigan	Mary Hamilton	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		529-28-7139T	Mrs L. L. Stockham	Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5705

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH 4 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) adhesions

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized atherosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3 Nov, 1966 *to* 5 Feb, 1967, *that I last saw the deceased alive on* 5 Feb, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William L Doody MD	120 9th Ave N Buhl Ida	2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 9, 1967	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/16/67	Pamela J. Johnston	Jim A Hopkins	E-482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 901
Local Reg. No. 12-67
Reg. Dist. No. 760

BIRTH NO.

RECEIVED FEB 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls 420
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pearl	Abel	Nancolas	Feb.	7,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 4, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 51	own home	Ness City, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Abel	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-6569A	Louise Mavis	RR.1 Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Chronic Brain Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 8-10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Cerebral Arteriosclerosis — 8-10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-23, 1962, *to* 2-7, 1967, *that I last saw the deceased alive on* 1-30, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	204 4th Ave. East Twin Falls, Idaho	2-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 10, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/16/67	[signature]	Jim A Hopkins	E-482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 17 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 902
Local Reg. No. P-061
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly 420
d. STREET ADDRESS (If rural, give location): 433 Polk St.W. Box 407

3. NAME OF DECEASED (Type or Print)
a. (First): C.
b. (Middle): Ray 143
c. (Last): Legg

4. DATE OF DEATH (Month) (Day) (Year): February 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 4-17-1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Akron, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Legg — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Bertha Boske — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-6827-A
17. INFORMANT'S OWN SIGNATURE: Lavilla G. Legg — ADDRESS: Kimberly

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Coronary Occlusion- Right coronary artery — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c) Arteriosclerosis generalized — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1955, *to* Feb. 8, 1967, *that I last saw the deceased alive on* Feb. 8, 1967, *and that death occurred at* 3:10p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 286 V. Ellis Knight MD.
23b. ADDRESS: Kimberly, Idaho
23c. DATE SIGNED: 2-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-11-67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 2/14/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY

DUTIES:

FEB 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 903
Local Reg. No. D-060
Reg. Dist. No. 460

FEB 17 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 421
d. STREET ADDRESS (If rural, give location): 403 2nd St. North

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Adeline 143
c. (Last): Laubenheim

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 11, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Wife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Fredrick, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William J. Dodds — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Josephine Hatfield — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: x Sara M Leonard — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1963, *to* 2-10, 1967, *that I last saw the deceased alive on* 2-10, 1967, *and that death occurred at* 9:25a *m., from the causes and on the date stated above.*

23a. SIGNATURE 003 Dean H Applechum (Degree or title):
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 13 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/14/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

FEB 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 904
Local Reg. No. D-25 17
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
FEB 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN (This place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 44

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 270
d. STREET ADDRESS (If rural, give location): 324 - 5th. Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Fanny
b. (Middle): Louisa
c. (Last): Lee

4. DATE OF DEATH: (Month) Feb. (Day) 10, (Year) 1967

5. SEX: F

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: June 7, 1881

9. AGE (In years last birthday): 85
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Forest Home, Iowa

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edwin Ruthvon Morgan
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Louisa Trotter Morgan
BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-12-6348A

17. INFORMANT'S OWN SIGNATURE: X Richard L. Lee
ADDRESS: Jerome, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1907 Malignant Melanoma
INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Arteriosclerosis

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/24/67 *to* 2/10/67, *that I last saw the deceased alive on* 2/9/67, *and that death occurred at* 5:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 466 Loyd Shaw M.D. (Degree or title)

23b. ADDRESS: 111 1/2 Ave E. Twin Falls, Idaho

23c. DATE SIGNED: 2/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: Feb. 10, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Crematorium

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 2/10/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: W. L. Hove

LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 905
Local Reg. No. 2-057
Reg. Dist. No. 2/60

BIRTH NO.

RECEIVED FEB 17 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 421
d. STREET ADDRESS (If rural, give location): 1104 10th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) C. 143 c. (Last) Kingsbury

4. DATE OF DEATH (Month) (Day) (Year): February 10, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 7, 1889

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Pharmacist 21

10b. KIND OF BUSINESS OR INDUSTRY: Owned Drugstore

11. BIRTHPLACE (State or foreign country): Graceville, Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W.W. Kingsbury
BIRTHPLACE: Minnesota

14. MOTHER'S MAIDEN NAME: Ann Haney
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-8809

17. INFORMANT'S OWN SIGNATURE: X Mrs Alden Auel
ADDRESS: Wallace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1277 Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 2 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8, 1964, *to* 2-10, 1967, *that I last saw the deceased alive on* 2-10, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: 296 B.L. Krellwitz M.D. (Degree or title)

23b. ADDRESS: 676 Shoup Twin Falls Idaho

23c. DATE SIGNED: 2/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2-13-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 2/14/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER

LICENSE NO.: #-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 23 1967 Dept. of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 906
Local Reg. No. D-067
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 421 Twin Falls 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 420 Castleford
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PERRY		ROBERTS	Feb. 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 26, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	Agriculture	Bellevue, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alvin Baxter Roberts	Iowa	Rose Fairchild	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-2397	Mrs Rita Anderson	16 W. Tonopah Tracy Calif

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ventricular Fibrillation	5 min
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	10 yrs +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary Emphysema Cor Pulmonale	10 yrs +

4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 27 Aug, 1963, *to* 11 Feb, 1967, *that I last saw the deceased alive on* 10 Feb, 1967, *and that death occurred at* 12:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
489 James H. Gifford MD	Twin Falls, Idaho	2/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/14/67	Buhl	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/21/67	Pamela J. Johnson	George Farmer	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 907
Local Reg. No. D-066
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 FEB 23 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey 670
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Lillian b. (Middle) L. 143 c. (Last) Ramsey

4. DATE OF DEATH (Month) (Day) (Year): Feb. 11, 1967

5. SEX: Female

6. COLOR OR RACE: Wht.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 9, 1883

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 83

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Peebles, Scotland

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lindsay — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Agnes Wite — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 518-60-8744

17. INFORMANT'S OWN SIGNATURE: Walter B. Ramsey — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 sec.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac insufficiency — 3 days
DUE TO (c) A.S.H.D. + H.C.V.D. — 4 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 5 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb. 9, 19 67, *to* Feb. 11, 19 67, *that I last saw the deceased alive on* Feb. 11, 19 67, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 27 V. K. Kendall M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 2/20/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Keith Bird Keith Bird — LICENSE NO.: E 373
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 908
Local Reg. No. D-058
Reg. Dist. No. 460

BIRTH NO.

RECEIVED FEB 17 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): C-cc
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh 420
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) August b. (Middle) T. 143 c. (Last) Hestbeck

4. DATE OF DEATH (Month) (Day) (Year): February 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 1-13-1884
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer C4
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Illisare, Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Christian Hestbeck — BIRTHPLACE: Dehmark
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-5968
17. INFORMANT'S OWN SIGNATURE: Audrey Hestbeck — ADDRESS: Murtaugh, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Feb, 1967, *to* 12 Feb, 1967, *that I last saw the deceased alive on* 12 Feb, 1967, *and that death occurred at* 4:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 484 James H. Spafford (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-15-67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/14/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 909
Local Reg. No. C-065
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED FEB 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 421
d. STREET ADDRESS (If rural, give location): 231 Buchanan Street

3. NAME OF DECEASED (Type or Print): a. (First) Lionel b. (Middle) A. c. (Last) Dean

4. DATE OF DEATH (Month) (Day) (Year): February 15, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 21, 1899

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Garage Owner 22

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Quanah, Texas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George W. Dean BIRTHPLACE: Paris, Texas

14. MOTHER'S MAIDEN NAME: Mattie B. Hayes BIRTHPLACE: Anna, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-7618

17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c) Coronary Arteries

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/8, 19 41, *to* 2/15/, 19 67, *that I last saw the deceased alive on* 8-6, 19 66, *and that death occurred at* 8:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 16 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/18/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/20/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: James C. Reynolds [signature] LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

FEB 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 31 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 910
Local Reg. No. D-869
Reg. Dist. No. 460

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
DURATION OF STAY (in this place) 0-22
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 421
d. STREET ADDRESS (If rural, give location) 1410 Maple Ave.

3. NAME OF DECEASED (Type or Print) a. (First) PARKER b. (Middle) c. (Last) RICHARDS

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Sept. 16, 1879

9. AGE (In years last birthday) 87
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store owner 22

10b. KIND OF BUSINESS OR INDUSTRY Hardware

11. BIRTHPLACE (State or foreign country) Montpelier, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unk. BIRTHPLACE

14. MOTHER'S MAIDEN NAME UNK. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-07-9519

17. INFORMANT'S OWN SIGNATURE Lena A. Garrett ADDRESS Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 33 Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro Vascular Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary Tract Infection — 8 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 31 July, 1965, *to* 16 Feb, 1967, *that I last saw the deceased alive on* 16 Feb, 1967, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 489 James A. Sopher M.D.

23b. ADDRESS Twin Falls Idaho

23c. DATE SIGNED 2/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 18, 1967

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2/18/67

REGISTRAR'S SIGNATURE Pamela J. Johnson

25. EMBALMER

LICENSE NO. 343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 911
Local Reg. No. 2-077
Reg. Dist. No. 460

RECEIVED FEB 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton (Rural route #1)
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) VICTOR b. (Middle) S. 143 c. (Last) LEGAULT

4. DATE OF DEATH (Month) (Day) (Year) Feb. 16, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan. 24, 1890

9. AGE (In years last birthday) 77
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Legault
BIRTHPLACE Colorado

14. MOTHER'S MAIDEN NAME Zephrine Martin
BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES
(If yes, give war or dates of service) WWI 3

16. SOCIAL SECURITY NO. 519-44-7428A

17. INFORMANT'S OWN SIGNATURE Annie Legault
ADDRESS Hazelton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebrovascular Arteriosclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease with atrial Fibrillation — 10 yr +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 Aug, 1965, *to* 16 Feb, 1967, *that I last saw the deceased alive on* 16 Feb, 1967, *and that death occurred at* 1:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE 489 James H. Stafford (Degree or title) M.D.

23b. ADDRESS Twin Falls Idaho

23c. DATE SIGNED 2/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Feb. 20, 1967

24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park

24d. LOCATION (City, town, or county) Twin Falls, Idaho (State)

DATE REC'D BY LOCAL REG. 2/24/67

REGISTRAR'S SIGNATURE Pamela J. Johnson

25. EMBALMER

LICENSE NO. E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 912
Local Reg. No. D-87
Reg. Dist. No. 460

Certificate of Death

RECEIVED
FEB 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF Few.min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1527 Laurel Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 421
d. STREET ADDRESS (If rural, give location) 278 Taylor Street

3. NAME OF DECEASED (Type or Print)
a. (First) PAUL
b. (Middle) E.
c. (Last) WELLNER

4. DATE OF DEATH (Month) (Day) (Year) February 16, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH November 4, 1908
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass - Snake River Glass Co.
10b. KIND OF BUSINESS OR INDUSTRY 06
11. BIRTHPLACE (State or foreign country) Enid, Oklahoma
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME August Wellner — BIRTHPLACE Marion, Wisconsin
14. MOTHER'S MAIDEN NAME Adelia Anderson — BIRTHPLACE Marion, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-20-2114
17. INFORMANT'S OWN SIGNATURE X Mrs Paul E. Wellner — ADDRESS Twin Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Artery Disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 8.20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE ~~709~~ 583 (Degree or title) J. Thad Scholz M.D. Twin Falls County Coroner
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 2.18.67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2.20.67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2/21/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to [illegible] the facts shall sign HIS name in addition to giving the source of information. FEB 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 913
Local Reg. No. 0-080
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

421 MAR 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Straughn's Motel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): unknown 555
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): Wallace
b. (Middle):
c. (Last): Thomason

4. DATE OF DEATH (Month) (Day) (Year): Feb.17,1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Dec.22,1911
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck driver 27
10b. KIND OF BUSINESS OR INDUSTRY: Gravel Co.
11. BIRTHPLACE (State or foreign country): Robert Lee, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John A. Thomason — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Sallie E. Simmons — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 553-163920
17. INFORMANT'S OWN SIGNATURE: Ruth Griffith, Brawley, Calif — ADDRESS: (by Phone)

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8746

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Overdose of Narcotic — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Drug Addiction — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Twin Falls 421
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never *19__, to ____, 19__, that I last saw the deceased alive on* never *, 19__, and that death occurred at* 9:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 [signature] T.F. County Coroner 4
23b. ADDRESS: 120 Adams, Twin Falls
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/28/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3/2/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-1802
BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 914
Local Reg. No. P-064
Reg. Dist. No. 460

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 MAR 6 1967 422
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place): 22 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen (Rural) 430
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print): a. (First) GINA b. (Middle) LEE 143 c. (Last) LIERMAN

4. DATE OF DEATH (Month) (Day) (Year): Feb. 17, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Feb. 16, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months | Days | IF UNDER 24 HRS.: Hours 22 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: - - -

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Merle Lierman — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Bette Sharp — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Hansen, Idaho
× Merle Lierman

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Neonatal Atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 2-16, 19 67, *to* 2-17, 19 67, *that I last saw the deceased alive on* 2-17, 19 67, *and that death occurred at* 2:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE: 5176 — (Degree or title): MD

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 2-20-67

24c. NAME OF CEMETERY OR CREMATORY: Clover Cemetery

24d. LOCATION (City, town, or county) (State): Filer, (rural) Idaho

DATE REC'D BY LOCAL REG.: 2/22/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Dale L. Patterson — LICENSE NO.: E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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0-67-1[illegible]

Certificate of Death

STATE OF IDAHO

RECEIVED FEB 23 1967

State File No. 915
Local Reg. No. 1-068
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kimberly
c. LENGTH OF STAY (In this place) 2-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) R.R.#1 CC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kimberly 420
d. STREET ADDRESS (If rural, give location) R.R.#1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	HARRIS	KILBORN	February 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	November 13, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer 04		Sidney, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry F. Kilborn	New York	Augusta Harris	Dayton, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-42-6031	Donald H. Kilborn	Kimberly, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Chronic Cerebral 334.X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c) Repeated Small Strokes

INTERVAL BETWEEN ONSET AND DEATH: 4 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-28, 1965, *to* 2/18/, 19 67, *that I last saw the deceased alive on* 2/20/67 6 mo ago, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
578 M.D.	Twin Falls, Idaho	2-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/21/67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
2/21/67	Pamela J. Johnson	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 916
Local Reg. No. 2-070
Reg. Dist. No. 460

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls — 421 — FEB 2 3 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): RT#2 6 Miles South CCC

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — 421
d. STREET ADDRESS (If rural, give location): Rt.#2 6 Miles South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	E.	Carter	February 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Jan. 14, 1880	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Drexel, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Boyd Davis	Wisconsin	Susan White	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-05-8339	X Frank W Carter	Twin Falls, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 20, 1963, *to* Feb 19, 1967, *that I last saw the deceased alive on* July 18, 1966, *and that death occurred at* 6:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean 1903 H Affleck	Twin Falls, Idaho	20 Feb 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Feb. 22, 1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/23/67	Pamela J. Johnson	Donald J. Hamilton	E-490

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary 733-6600

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 917
Local Reg. No. D-076
Reg. Dist. No. 460

19,619 RECEIVED MAR 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hosp. 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 421
d. STREET ADDRESS (If rural, give location) 291 Van Buran

3. NAME OF DECEASED (Type or Print)
a. (First) Jeanette
b. (Middle) H.
c. (Last) Jenkins

4. DATE OF DEATH (Month) (Day) (Year) Feb. 20, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 16, 1887
9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Toquerville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Stapley BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Elizabeth Hobsmith BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-7304A
17. INFORMANT'S OWN SIGNATURE X Mrs. Byron Wright ADDRESS Twin Falls Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus Generalized Arteriosclerosis c Senility 5 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/25, 1966, *to* 2/20, 1967, *that I last saw the deceased alive on* 2/20, 1967, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 466 Roy Shamb M.D. (Degree or title)
23b. ADDRESS 111 6th Ave E. Twin Falls Idaho
23c. DATE SIGNED 2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/23/67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 2/27/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Ronald J. Hamilton
LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 918
Local Reg. No. 0-034
Reg. Dist. No. 460

RECEIVED

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls — 421 MAR 6 1967
b. CITY OR TOWN: Twin Falls — Bureau of [illegible] township) — c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION: 640 Filer Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — 421
d. STREET ADDRESS (If rural, give location): 268 Polk Street

3. NAME OF DECEASED (Type or Print) — a. (First): LUCY — b. (Middle): F. [illegible] — c. (Last): COLEMAN
4. DATE OF DEATH — (Month) (Day) (Year): February 21, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 22, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Richmond, Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Pinkney Gray — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Pauline Hayden — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-40-6805
17. INFORMANT'S OWN SIGNATURE: Carolyn Cutler — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary edema — 1 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1949 *to* 8/21/, 1967, *that I last saw the deceased alive on* 8-21, 1967 *and that death occurred at* 8:50 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 460 [signature] (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 2/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/24/67
REGISTRAR'S SIGNATURE: Pamela F. Johnson
25. EMBALMER: James C. Reynolds [signature]
LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 919
Local Reg. No. D-073
Reg. Dist. No. 460

RECEIVED FEB 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 210
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Nebraska 28
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Omaha
d. STREET ADDRESS (If rural, give location): 1461 Lothrop

3. NAME OF DECEASED (Type or Print)
a. (First): ADDIE
b. (Middle):
c. (Last): GARMONG

4. DATE OF DEATH (Month) 2 (Day) 22 (Year) 67

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: oct. 8, 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hswf. 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Muskateen, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Peter Gettert — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Amelia Fechner — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: [redacted]
17. INFORMANT'S OWN SIGNATURE: X Frances K. Stamps — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c repeated C.V.A.s
DUE TO (c) Hemiplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2) Terminal Hypostatic Pneumonia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1966, to 2-22, 1967, that I last saw the deceased alive on 2-21, 1967, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. F. Winster M.D. 578
23b. ADDRESS: 204 4th Ave. East, Twin Falls, Idaho 83301
23c. DATE SIGNED: 2-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 2/24/67
24c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
24d. LOCATION (City, town, or county) (State): Omaha, Nebr.

DATE REC'D BY LOCAL REG.: 2/23/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: 470

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: White Mortuary, Twin Falls, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 920
Local Reg. No. D-083
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 420

a. COUNTY: Twin Falls 2-20

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

c. LENGTH OF STAY (in this place): 20 Months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl 420

d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print)

a. (First): ADAM

b. (Middle): R.

c. (Last): HYDER

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 11, 1879

9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Crossville, Tennessee

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Adam Hyder — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Sally Stevens — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-2188

17. INFORMANT'S OWN SIGNATURE: Eldor Schaefer — ADDRESS: RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Generalized arteriosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 19, 1964, *to* Feb 22, 1967, *that I last saw the deceased alive on* Feb 21, 1967, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Collins 118 MX

23b. ADDRESS: 1229 Ave No. Buhl

23c. DATE SIGNED: 2-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 2/27/67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3/3/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: George Farmer

LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

11,243

RECEIVED

MAR 6 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 921
Local Reg. No. D-075
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley Nursing Home 250

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer, Idaho 420
d. STREET ADDRESS (If rural, give location): 601 Yakima

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle):
c. (Last): THORNTON

4. DATE OF DEATH (Month) (Day) (Year): Feb. 22, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 27, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Smithfield, Utah
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: William Thornton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Beata Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-5585
17. INFORMANT'S OWN SIGNATURE: X Esther Thornton — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Advanced Parkinson's Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized Arteriosclerotic — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/22, 1965, *to* 2/22, 1967, *that I last saw the deceased alive on* 12/19, 1966, *and that death occurred at* 9:50 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 466 Roy O'Shaug M.D.
23b. ADDRESS: 111 6th Ave E. Twin Falls Idaho
23c. DATE SIGNED: 2/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2/25/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 2/25/67
REGISTRAR'S SIGNATURE: Pam Johnson
25. EMBALMER: Ronald J. Hamilton
LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary Twin Falls, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 12 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 922
Local Reg. No. D-67
Reg. Dist. No. 460

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls — 421 MAR 6 1967 — 3-07
b. CITY OR TOWN: Twin Falls (If outside corporate limits, write RURAL and give township) — Bureau of Vital Statistics
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hosp 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN: Filer — 426
d. STREET ADDRESS (If rural, give location): 701 Union Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MAY	KATHERINE	JEWETT	February 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Aug. 25, 1900	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker C1	Own Home	Fort Bridger, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Conway	Unknown	Cynthia Ann Converse,	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-26-4930A	Wilma Thomas	Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe Hypertension — before 1965
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-12, 1965, *to* 2-24, 1967, *that I last saw the deceased alive on* 2-24, 1967, *and that death occurred at* 9:25a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	204 4th Ave. East Twin Falls, Idaho	2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2-28-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/28/67	Pamela Johnson	William J. Doyle	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 16 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 923
Local Reg. No. 2-285
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 2-03
b. CITY OR TOWN Kimberly
c. LENGTH OF STAY (in this place) 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mtn. View Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly 420
d. STREET ADDRESS (If rural, give location) Route 1 3/4 mile east Red Cap Corner (U.S. 30)

3. NAME OF DECEASED (Type or Print) a. (First) ARTHUR b. (Middle) WILSON 297 c. (Last) WALTER

4. DATE OF DEATH (Month) (Day) (Year) February 24, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Dec. 25, 1882
9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Own farm
11. BIRTHPLACE (State or foreign country) Stuart, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wilson Walter
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sarah Ann Sanders
BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-42-6019
17. INFORMANT'S OWN SIGNATURE x Mark Wilson ADDRESS Salinas, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: Several

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) due to Arteriosclerosis — months
DUE TO (c) Residuals from CVA Disease Since 1959

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. involving Speech - Swallowing and Coordination Generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-20, 1965, to 2-24, 1967, that I last saw the deceased alive on 2-23, 1967, and that death occurred at 11:35p m., from the causes and on the date stated above.

23a. SIGNATURE D.A. McCluskey MD 338 (Degree or title)
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-1-67
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3/3/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 924
Local Reg. No. D-081
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

421 MAR 6 1967 2-08
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 303 2nd Ave. West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls 421
d. STREET ADDRESS (If rural, give location): 303 2nd Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Dorothy
b. (Middle): Lee 000
c. (Last): Kern

4. DATE OF DEATH (Month) (Day) (Year): February 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 2, 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): dishwasher 06
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Marreman, Nebraska
12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Garner — BIRTHPLACE: Wuk
14. MOTHER'S MAIDEN NAME: Wukown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 505-42-6594
17. INFORMANT'S OWN SIGNATURE: X [signature] Kern — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteric scleratic coronary artery disease
DUE TO (c): Hypertensive cardiovascular disease — 3 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 2-24, 1967, that I last saw the deceased alive on 2-24, 1967, and that death occurred at 10:15 m., from the causes and on the date stated above.*

23a. SIGNATURE H. Thad Scholes M.D. 707 (Degree or title)
23b. ADDRESS: 120 Adams, Twin Falls, Ida.
23c. DATE SIGNED: 2-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/1/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cem
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 3/2/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 925
Local Reg. No. C-028
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 6 1967 Bureau of V.S.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls 421
d. STREET ADDRESS (If rural, give location) 223½ West Borah

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NANCY	BRAILSFORD	CLAPPER	Feb. 25th, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 17, 1936	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Twin Falls, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Brailsford	Hagerman, Idaho	Elizabeth Neal	St. Louis, Misso

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		728-14-0062	x Robert L. Clapper	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Infarction of myocardium — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary disease — 5 years
DUE TO (c) Familial hyperlipemia — Life

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1950 *to* 2-2- 1967, *that I last saw the deceased alive on* Feb. 2nd, 1967, *and that death occurred at* 10:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George L. Brown MD	Twin Falls, Idaho	2.27.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2.28.67	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/27/67	Pamela J. Johnson		343

FIRM NAME: White Mortuary Twin Falls, Id

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 926
Local Reg. No. D-077
Reg. Dist. No. 460

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 42-1 Twin Falls
MAR 6 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
Bureau of V.S.
c. LENGTH OF STAY (in this place): 2-06
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Alberta 52
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fairview
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Colin
b. (Middle): A.
c. (Last): Matthew
143

4. DATE OF DEATH: (Month) Feb. (Day) 26, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single /

8. DATE OF BIRTH: Jan. 17, 1901

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 22

10b. KIND OF BUSINESS OR INDUSTRY: Grocery

11. BIRTHPLACE (State or foreign country): Georgia, Florida

12. CITIZEN OF WHAT COUNTRY?: Canada

13. FATHER'S NAME: Robert Matthew
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: UNK
BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): Canada

16. SOCIAL SECURITY NO.: # Unk-

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 3208-7th St. S.W. Calgary Alberta Canada

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

6000

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 days +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bilateral Pyelonephritis — 4 days +
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Recurrent Carcinoma of Colon — unknown
Benign Prostatic Hypertrophy — unknown

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 23 Feb, 1967, *to* 26 Feb, 1967, *that I last saw the deceased alive on* 26 Feb, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: 459 James H. Stafford (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 2/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: Feb. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Transportation to -

24d. LOCATION (City, town, or county) (State): Fairview, Alberta, Canada

DATE REC'D BY LOCAL REG.: 2/27/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: [signature]
LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 927
Local Reg. No. 8-087
Reg. Dist. No. 460

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Twin Falls (426) (103) — b. CITY OR TOWN: Kimberly — c. LENGTH OF STAY IN THIS PLACE: 3 yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION: Mtn. View Convalescent Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Twin Falls — c. CITY OR TOWN: Hansen (426) — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First): FRANK — b. (Middle): WESLEY (297) — c. (Last): DOTY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 27, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Oct. 17, 1883

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer (64)

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Wesley Doty — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Eva Petry — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-12-7241

17. INFORMANT'S OWN SIGNATURE: Mrs. Bernice E. Simpson — ADDRESS: Hansen, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Senility

DUE TO (c): advanced arterio sclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS: with chronic brain syndrome

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): - - -

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* July, 19 52, *to* 2-27, 19 67, *that I last saw the deceased alive on* 2-27, 19 67, *and that death occurred at* 7:15p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — 23b. ADDRESS: Kimberly, Idaho — 23c. DATE SIGNED: 3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial — 24b. DATE: March 2, 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3/3/67 — REGISTRAR'S SIGNATURE: Pamela J. Johnson — 25. EMBALMER: Vere L. Patterson — LICENSE NO.: E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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10.429

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 928
Local Reg. No. D-082
Reg. Dist. No. 460

BIRTH NO.

MAR 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 420

a. COUNTY: Twin Falls

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls

c. LENGTH OF STAY (In this place): 0-00

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 3, Twin Falls, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Twin Falls

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls 420

d. STREET ADDRESS (If rural, give location): Route 3, Twin Falls, Idaho

3. NAME OF DECEASED (Type or Print)

a. (First): I.

b. (Middle): G. 000

c. (Last): PRESCOTT

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: 10-25-98

9. AGE (In years last birthday): 68

IF UNDER 1 YEAR: Months | Days

IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pony Breeder 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Bagley, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E. Prescott

BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Roxie Bess

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-9264

17. INFORMANT'S OWN SIGNATURE: Mrs Alice W. Prescott

ADDRESS: Rt. 3 Twin Falls

18. CAUSE OF DEATH 5271

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Advanced Pulmonary Emphysemia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) and Pulmonary Fibrosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Several years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-25, 1957, *to* 2-28, 1967, *that I last saw the deceased alive on* 2-28, 1967, *and that death occurred at* 7:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCrosky MD 338

23b. ADDRESS: Twin Falls Idaho

23c. DATE SIGNED: 3-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-4-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 3/2/67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: [signature]

LICENSE NO. 3-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 929
Local Reg. No. 3
Reg. Dist. No. 310

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Valley 430 MAR 1 31967 3-21
b. CITY OR TOWN Mc Call Bureau of V (township)
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION Payette Lakes Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Rural
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Franklin
b. (Middle) David 324
c. (Last) Mace

4. DATE OF DEATH (Month) (Day) (Year) Jan. 29, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Feb. 10, 1882

9. AGE (In years last birthday) 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Eagle, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Polete Mace
BIRTHPLACE France

14. MOTHER'S MAIDEN NAME Emma Liggett
BIRTHPLACE France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Kenneth L. Mace
ADDRESS 1015 20th Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 10-15 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 15-20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Brain Syndrome — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 8, 1967, *to* Jan 29, 1967, *that I last saw the deceased alive on* Jan 29, 1967, *and that death occurred at* 8:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 500 James H Stewart MD

23b. ADDRESS Mc Call Idaho

23c. DATE SIGNED 2-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2-2-67

24c. NAME OF CEMETERY OR CREMATORY Joplin Cemetery

24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. March 8-1967

REGISTRAR'S SIGNATURE Myrtle M Gardner

25. EMBALMER Burton E Walker
LICENSE NO. E-386
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 2 1 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 930
Local Reg. No. 9
Reg. Dist. No. 320

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

FEB 20 1967

1. PLACE OF DEATH
a. COUNTY: Washington 441
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser 441
d. STREET ADDRESS (If rural, give location): Park Haven Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): Harris 298
c. (Last): Wilburn

4. DATE OF DEATH (Month) (Day) (Year): 2 1 67

5. SEX: male
6. COLOR OR RACE: caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: 2/11/1884
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Ranch
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joshua Wilburn — BIRTHPLACE: -----
14. MOTHER'S MAIDEN NAME: Annie — BIRTHPLACE: ----------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-07-7386
17. INFORMANT'S OWN SIGNATURE: Vernon E. Wilburn — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Metastatic Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ca. Prostate — 2 yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4- *,* 1965 *, to* 2-1- *,* 1967 *, that I last saw the deceased alive on* 2-1- *,* 1967 *, and that death occurred at* 4:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 344 [signature] M.D.
23b. ADDRESS: Weiser, Ida.
23c. DATE SIGNED: 2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 2/6/67
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county): Midvale — (State): Idaho

DATE REC'D BY LOCAL REG.: 2-6-67
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: Marshall S. Dickerson Jr. — LICENSE NO.: E 464

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 29 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED FEB 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 931
Local Reg. No. 10
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Washington — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Weiser — c. LENGTH OF STAY (in this place): 44 — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mann Creek

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Washington — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Weiser — d. STREET ADDRESS (If rural, give location): Mann Creek

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Emily	L.	Berry	2/4		67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	caucasian	widowed 2	10/24/1889	77		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife c/	own home	Mann Creek, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Moses Shofner	----	Sarah Tate	0660

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Gladys L. Gray	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7954

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

Subject had been ill for 2 weeks but had not been under the direct care of a physician. To the best of my knowledge and belief, the subject died of natural causes.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Coroner's investigation *19__, to* approx. 2 p.m. *19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X-Dee Thomason 583 4	Wash. Co. Coroner	Weiser, Idaho	2/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	2/8/67	Mann Creek Cemetery	Rural Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-16-67	R. Dee Thomason	Marshall Dickerson Jr.	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 932
Local Reg. No. 11
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 4/1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (In this place) 6-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser 4/1
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Glenn b. (Middle) Grimm 153 c. (Last) Davis

4. DATE OF DEATH (Month) 2 (Day) 9 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 3/24/1890

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months 10 Days 15 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 21

10b. KIND OF BUSINESS OR INDUSTRY Electric

11. BIRTHPLACE (State or foreign country) Latah County, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME James Davis BIRTHPLACE

14. MOTHER'S MAIDEN NAME Ella Lewis BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE + Grace M. Davis ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1577 Metastatic Carcinoma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Ca. Pancreas

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 12-19- 1966, to 2-9 1967, that I last saw the deceased alive on 2-9- 1967, and that death occurred at 9:05 Am., from the causes and on the date stated above.

23a. SIGNATURE 344 T.O. McGeath MD (Degree or title)

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 2/9/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 2/13/1967

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 2/9/1967

REGISTRAR'S SIGNATURE R. Dale Thomason

25. EMBALMER R. Dale Thomason

LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 19 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 933
Local Reg. No. 12
Reg. Dist. No. 320

RECEIVED Vital Statistics Bureau of MAR 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser 441
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Clarence b. (Middle) Madison c. (Last) Sears

4. DATE OF DEATH: (Month) 2 (Day) 12 (Year) 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	widowed 2	10/20/1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 22	retail stores	Corbin, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lee M. Sears	---	Roxanna Adams	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		James B Dorsey	Weiser, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 42801 Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Gen Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-29-, 1967, *to* 2-12-, 1967, *that I last saw the deceased alive on* 2-12-, 1967, *and that death occurred* 8:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
344 A. W. McGrath MD	Weiser, Idaho	2/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
cremation	2/16/67	Mountainview Crematory	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2-15-67	R. Dale Thomason	R. Dale Thomason	E 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 934
Local Reg. No. 13
Reg. Dist. No. 320

RECEIVED MAR 13 1967 Bureau of Vital Stat.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 441
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington 441
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) 153
c. (Last) PALIOS

4. DATE OF DEATH (Month) 2 (Day) 21 (Year) 1967

5. SEX Male
6. COLOR OR RACE Greek
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH 12/11/1891
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 2 Days 10 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep herder 04
10b. KIND OF BUSINESS OR INDUSTRY Sheep
11. BIRTHPLACE (State or foreign country) Greece
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME ---
BIRTHPLACE ---
14. MOTHER'S MAIDEN NAME ---
BIRTHPLACE ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI 3
16. SOCIAL SECURITY NO. 722-18-2414
17. INFORMANT'S OWN SIGNATURE Theodore N Bakitis
ADDRESS

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary acc. — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H.D. — 10 yrs
DUE TO (c) Gen Arteriosclerosis — 15 y

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholecystitis — 5 y

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/7, 1965, *to* 2/21, 1967, *that I last saw the deceased alive on* 2/20, 1967, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 2/21/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2/25/1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 2/21/67
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 3 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 0 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 935
Local Reg. No. 14
Reg. Dist. No. 320

RECEIVED
MAR 1 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 441 Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser 441
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	PANSY	OLELA 153	TALBOY	2	22	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 6, 1892	74	8	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Vermont, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
W. R. Hickle	---	Anna Landon	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Cecil D. Talboy	Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1992 Sarcomatosis - Generalized — INTERVAL BETWEEN ONSET AND DEATH 1yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb 17, 1967 *to* Feb 22, 1967 *that I last saw the deceased alive on* Feb 22, 1967, *and that death occurred at* 0 28 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
667	Weiser, Idaho	2/22/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	2/24/1967	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/22/67	[illegible]	[illegible]	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 26 1967

APR 1 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 936
Local Reg. No. 190
Reg. Dist. No. 370

RECEIVED APR 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 017 317
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette 380
d. STREET ADDRESS (If rural, give location): 635 North 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Archie
c. (Last): LeBrun

4. DATE OF DEATH (Month) (Day) (Year): Feb. 15, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 14, 1901
9. AGE (In years last birthday): 65 yrs — IF UNDER 1 YEAR: Months - - Days - - IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tavern Operator 22
10b. KIND OF BUSINESS OR INDUSTRY: Tavern
11. BIRTHPLACE (State or foreign country): Bozeman, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank LeBrun — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Virginia Divarchy — BIRTHPLACE: France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - - - -
16. SOCIAL SECURITY NO.: 517-12-8916
17. INFORMANT'S OWN SIGNATURE: Mrs. Mary A. LeBrun — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2043

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute myelocytic leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: 1) diabetes mellitus 2) atherosclerotic heart disease 3) pulmonary emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Jan, 1967, *to* 15 Feb, 1967, *that I last saw the deceased alive on* 15 Feb, 1967, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Hugh W Attleby Jr 014 MO
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 7 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 4-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 16 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 26 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 937
Local Reg. No. 177
Reg. Dist. No. 370

RECEIVED APR 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 1-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 316 West Washington

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Ellen
c. (Last): Allison

4. DATE OF DEATH (Month) (Day) (Year): Feb. 26, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 30, 1881
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): CO
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pleasant View, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alma Barnett — BIRTHPLACE: Wilshire, England
14. MOTHER'S MAIDEN NAME: Mary Wade — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-4639
17. INFORMANT'S OWN SIGNATURE: Custer Allison — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 3, 1963, *to* Feb 26, 1967, *that I last saw the deceased alive on* Feb 26, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 333 [signature] D.
23b. ADDRESS: 1320 Vista Ave.
23c. DATE SIGNED: 3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-3-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: 4-4-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E410

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 938
Local Reg. No. 131
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada C11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 0-CC
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1321 Colorado Ave. CCC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada C11
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1321 Colorado Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clifford	R.	VanCuren	March 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 29, 1918	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Realtor 24	Realty	Baron, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Logan A. VanCuren	Unknown	Mary M. Baillie	Verndale, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	399-01-1301	x Cudrea VanCuren	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 March 67, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 8 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
214 J. A. Hawley M.D.	Boise, Idaho	3 Mar. 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 4, 1967	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-6-67	Myrtle Palmer	Grant Waggoner	E-422

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 939
Local Reg. No. 153
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 2201 No. 17th

3. NAME OF DECEASED (Type or Print): a. (First) Mehetable b. (Middle) c. (Last) Rice

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 28, 1886

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): La Crescent, Minn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. B. Lyon
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Sarah Lilly
BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-36-1899 B

17. INFORMANT'S OWN SIGNATURE: Mary K. Price
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic Ca Breast To Lungs — INTERVAL BETWEEN ONSET AND DEATH: Several yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 3/1/67 19__, *that I last saw the deceased alive on* Feb 25, 1967, *and that death occurred at* 7:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Bunn MD 065

23b. ADDRESS: Meridian Idaho

23c. DATE SIGNED: 3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 4, 1967

24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery

24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 3-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Geo Jessee

LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JAN 27 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 5 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 940
Local Reg. No. 142
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 14 1967 3-18

1. PLACE OF DEATH
a. COUNTY: Ada C11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise Bureau of V...
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital CC2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise C11
d. STREET ADDRESS (If rural, give location): 620 Michael

3. NAME OF DECEASED (Type or Print)
a. (First): Merle
b. (Middle): Kiser
c. (Last): Mosgrove

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 31, 1897
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife C1
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Mooresville, Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: U. G. Kiser — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Amanda E. Hobson — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-10-6051
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inflammatory carcinoma ~~[illegible]~~

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) breast — with metastasis
DUE TO (c) to Both lungs + liver —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 3-1-67, 19__, *that I last saw the deceased alive on* 3-1-67, 19__, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Springer MD 491
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 3-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters [signature]
LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 941
Local Reg. No. 141
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAR 9 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2024 Denver Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 011 Boise
d. STREET ADDRESS (If rural, give location): 4408 Holmes Street

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle):
c. (Last): VanLuven

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 22, 1896
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Portland, Maine
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown French — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-26-1793
17. INFORMANT'S OWN SIGNATURE: Mrs. Robert W. Lewis — ADDRESS: 1300 Cemeno Ave Farmington New Mexico

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: seal hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* 3/1/67, 19__, *that I last saw the deceased alive on* Abt Feb 15, 1967, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Burns MD 065
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 3/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 3/4/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. 483
NAME: MOUNTAIN VIEW FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 9 1967 Bureau of Vital Statistics

State File No. 942
Local Reg. No. 30
Reg. Dist. No. 271

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 011 Ada. 3-01
b. CITY OR TOWN Boise, Idaho.
LENGTH OF STAY (in this place) One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise.
d. STREET ADDRESS (If rural, give location) RT # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Charles	W	BELNAP.		3	2	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	7-12-89	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dairy Farmer.
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Idaho.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME C4 Augustus W Belnap.
BIRTHPLACE Utah.
14. MOTHER'S MAIDEN NAME Mary Read.
BIRTHPLACE Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 519 10 9594
17. INFORMANT'S OWN SIGNATURE John F. Wilkerson ADDRESS VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture of aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. I hereby certify that I attended the deceased from 3-1, 19 67, to 3-2, 19 67 and that death occurred at 6:25 PM m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD, M.D.	549	VA Center, Boise, Idaho	3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3/3/67	----------	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Myrtle Palmer	John F. Wilkerson	F435

FIRM NAME: McBratney-Alden-Waggoner Chape

Federal Security Agency
United States Public Health Service
Form DH-63021

1

MAR 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 943
Local Reg. No. 31
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 1 4 1967

1. PLACE OF DEATH
a. COUNTY 011 Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho. Bureau of Indian Affairs
c. LENGTH OF STAY (In this place) 97 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl.
d. STREET ADDRESS (If rural, give location) 927 No. Broadway.

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) C c. (Last) KOHL.

4. DATE OF DEATH (Month) 3 (Day) 2 (Year) 67

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 10-6-22

9. AGE (In years last birthday) 44
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Military. 25T

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Wisc.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leroy Kohl. BIRTHPLACE Mo.

14. MOTHER'S MAIDEN NAME Ella Engelbrecht BIRTHPLACE Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW II 4

16. SOCIAL SECURITY NO. 391 14 9553

17. INFORMANT'S OWN SIGNATURE John C. Kohl ADDRESS VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 20 IX Hodgkin's disease — INTERVAL BETWEEN ONSET AND DEATH 17 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from 11-25, 19 66, to 3-2, 1967, that I last saw the deceased alive on [illegible], 19[illegible], and that death occurred at 2:35PM., from the causes and on the date stated above.

23a. SIGNATURE F. B. HINE, M.D. 597 F. B. Hine M.D. (Degree or title)
23b. ADDRESS VA Center, Boise, Idaho
23c. DATE SIGNED 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 3-3-1967
24c. NAME OF CEMETERY OR CREMATORY Lutheran Cemetery
24d. LOCATION (City, town, or county) (State) Clover (near Buhl) Idaho

DATE REC'D BY LOCAL REG. 3-8-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Daniel G. Gibson LICENSE NO. E - 400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 15 1967.

DUTIES?

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 944
Local Reg. No. 33
Reg. Dist. No. 371

RECEIVED
MAR 1 4 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN: BOISE
c. LENGTH OF STAY (in this place): 219 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMIN. CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: LINCOLN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): GOODING
d. STREET ADDRESS (If rural, give location): Box 263

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LORAN	(NMI)	PRINCE	March 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	12/5/93	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
FARMER	AGRICULTURE	WASHINGTON, UTAH	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM PRINCE	UTAH	JESSE THANE	SCOTLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW I 3	518 20 1388	FROM VA RECORDS	VA CENTER, BOISE, IDA

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cachexia	3 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Bronchogenic carcinoma, left upper lobe	26 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I last attended the deceased from 7/26/66, 19—, to 3/2/67, 19—, and that death occurred at 2:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
RAYMOND J BUNGARD, MD.	VAC, BOISE, IDAHO	3/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-7-1967	Elmwood Cemetery	Gooding Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-10-67	Myrtle Palmer	Robert L Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 945
Local Reg. No. 125
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAR 16 1967 Vital Statistics Bureau of

1-25

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 25 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1314 North 26th 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 1314 North 26th

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) HENRY
c. (Last) TASKER

4. DATE OF DEATH (Month) (Day) (Year) March 3, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH May 17, 1873
9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired author 30
10b. KIND OF BUSINESS OR INDUSTRY writer
11. BIRTHPLACE (State or foreign country) Mineral Point, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas Tasker — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Anna (Unknown) — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Luther Mc Tasker — ADDRESS 1314 N. 26th Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Emphysema, followed by Heart — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES — DUE TO (b) Failure.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Uremic Poisoning, Being treated by a urologist — Months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Drive Boise
23c. DATE SIGNED 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE March 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 3-13-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 946
Local Reg. No. 157
Reg. Dist. No. 270

BIRTH NO.

RECEIVED MAR 2 0 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 111 Ada — 3-67
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — Bureau of [illegible]
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital CC2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Oregon 38 — b. COUNTY: Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker — 555
d. STREET ADDRESS (If rural, give location): 1701 4th Street, Apt. #1

3. NAME OF DECEASED (Type or Print): a. (First) MINNIE — b. (Middle) BELLE — c. (Last) CLINKINGBEARD

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	December 22, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Ava, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Henderson Upchurch	No Reocrd	Sarah Hailey	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	W. E. Clinkingbeard Jr.	Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 30 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12/25/64 19___, *to* 3/4/67, 19___, *that I last saw the deceased alive on* 3/4/67, 19___, *and that death occurred at* 9:20P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. 516	1703 Hillcrest, Boise	3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 7, 1967	Cloverdale Mem. Park	Ada County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-17-67	Myrtle Palmer	Glenn W Beatty	E392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: The Beatty Chapel, Emmett, Idaho

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 947
Local Reg. No. 155
Reg. Dist. No. 270

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 011 Ada — MAR 1 6 1967 — 2-02 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 13
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 1310 North 14th

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) W. 292
c. (Last) Langmaid

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 18, 1878
9. AGE (In years last birthday) 88 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Locksmith 21
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Star, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephan Gordon Langmaid — BIRTHPLACE Vermont
14. MOTHER'S MAIDEN NAME Eliza J. Groome — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-18-3807-A
17. INFORMANT'S OWN SIGNATURE Mrs Nellie M Langmaid — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary tract Infection 2wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 6 3-4-, 19 67, *that I last saw the deceased alive on* 3-4-, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Mark A. Calley M.D. (Degree or title) 539
23b. ADDRESS 125 E. Idaho
23c. DATE SIGNED 3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 8, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, (State) Idaho

DATE REC'D BY LOCAL REG. 3-16-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

MAR 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 948
Local Reg. No. 33
Reg. Dist. No. 271

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 ADAA
b. CITY OR TOWN BOISE, IDAHO
LENGTH OF STAY (in this place) 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION VA CENTER, BOISE, IDAHO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY
c. CITY OR TOWN CAMBRIDGE 440
d. STREET ADDRESS (If rural, give location) STAR ROUTE.

3. NAME OF DECEASED (Type or Print) a. (First) GUY b. (Middle) W 004 c. (Last) RAY.

4. DATE OF DEATH (Month) 3 (Day) 4 (Year) 67

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 4 8 91
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Idaho.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Ray
BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Sarah Mothorn.
BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 54301 5968
17. INFORMANT'S OWN SIGNATURE John D Stark ADDRESS VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

610X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarctions, multiple, pulmonary, right and left lungs, massive, following operation — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infarctions, multiple, kidneys and adrenal glands, following operation — 9 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Feb. 17, 1967
19b. MAJOR FINDINGS OF OPERATION Benign prostatic hypertrophy and chronic prostatitis
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-8, 1967, to 3-4, 1967, that I last saw the deceased on [illegible] 19[illegible] and that death occurred at 12:10PM., from the causes and on the date stated above.

23a. SIGNATURE W. G. CROOKSTON, M.D. (Degree or title) 597
23b. ADDRESS VA CENTER, BOISE, IDAHO
23c. DATE SIGNED 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 3-5-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Baker, Oregon

DATE REC'D BY LOCAL REG. 3-13-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Dee E Walker
LICENSE NO. E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 949
Local Reg. No. 143
Reg. Dist. No. 370

BIRTH NO. RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 MAR 1 4 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Bureau of Vital Statistics)
c. LENGTH OF STAY (in this place): 020
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 2015 College Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Isabella b. (Middle) Maria c. (Last) Hopper

4. DATE OF DEATH: (Month) (Day) (Year) March 5, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 16, 1912

9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James McFadden
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Augusta Murphy
BIRTHPLACE: N. J.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Joseph J. McFadden
ADDRESS: 2110 Ho Center Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): MITRAL STENOSIS — INTERVAL BETWEEN ONSET AND DEATH: 20 YRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): RHEUMATIC HEART DISEASE — 50 YRS
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4108

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

I hereby certify that I attended the deceased from 7-19-58, 19__, to 3-4-67, 19__, that I last saw the deceased alive on 3-4-67, 19__, and that death occurred at 11:30p m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] M.D. (Degree or title)

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-8-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-8-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 2 0 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED MAR 8 1967

Certificate of Death

STATE OF IDAHO

State File No. 950
Local Reg. No. ~~112~~ 134
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 1107 S. Latah St.

3. NAME OF DECEASED (Type or Print) a. (First) Vernon b. (Middle) Glen c. (Last) LeRoy
4. DATE OF DEATH (Month) (Day) (Year) March 6, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 14, 1907
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 26
10b. KIND OF BUSINESS OR INDUSTRY Auto Insurance
11. BIRTHPLACE (State or foreign country) Carterville, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME William H. LeRoy BIRTHPLACE Boston, Mass.
14. MOTHER'S MAIDEN NAME Alice Gertrude Nixon BIRTHPLACE Sarcoxi, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-03-9231
17. INFORMANT'S OWN SIGNATURE Marion L. LeRoy ADDRESS 1107 Latah Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease — 1yr +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 6 1967, *to* March 6, 1967, *that I last saw the deceased alive on* March 6, 1967, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner 364 (Degree or title) MD
23b. ADDRESS 105 N. 8th St. Boise, Idaho
23c. DATE SIGNED 3/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/9/1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 3-8-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Earl Waggoner
LICENSE NO. E-422
FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 24 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 951
Local Reg. No. 154
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (011) 1-31
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 1715 North 8th 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (011)
d. STREET ADDRESS (If rural, give location): 1715 North 8th

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): H.
c. (Last): Caple

4. DATE OF DEATH (Month) (Day) (Year): March 6 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 2, 1905
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equipment Operator
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Saline Co. Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Fuel Caple — BIRTHPLACE: Saline Co. Ark.
14. MOTHER'S MAIDEN NAME: Alice Murrey — BIRTHPLACE: Saline Co. Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-09-5479
17. INFORMANT'S OWN SIGNATURE: Hazel Caple — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: short

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Coronary Arteriosclerosis — progressive

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 19 5, *to* 3-6, 19 67, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 318 (Degree or title) MD
23b. ADDRESS: 401 No Orchard Boise Ida
23c. DATE SIGNED: 3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: # E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 952
Local Reg. No. 39
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho.
c. LENGTH OF STAY (in this place) 227 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon.
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ontario.
d. STREET ADDRESS (If rural, give location) 1504 N.W. 4th Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Leonard	A	STOHLER	3	6	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	9 23 36	30				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic. 21	Same	Buhl, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Stohler.	No. Dak.	Ida Walz.	No. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
Yes Was Korean.	54142 0490.	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1909? Malignant melanoma — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I last attended the deceased from 7-22, 1966, to 3-6, 19 67, that I last saw the deceased and that death occurred at 10AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D.	VA Center, Boise, Idaho	3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	3-6-67	Evergeen Cemetery	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-16-67	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 953
Local Reg. No. 26
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAR 16 1967 3-26 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho.
LENGTH OF STAY (in this place) 20 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale 370
d. STREET ADDRESS (If rural, give location) RT # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Odice	L	ASHCRAFT.	3	6	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	8 21 96	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Same	Ind.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Ashcraft.	Indiana	Amanda Parker	Indiana.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW 1 3	519 44 3735	John D. Stone	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: terminal.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral arteriosclerotic disease. — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
VA m.		

22. ~~I hereby certify that I~~ attended the deceased from 2-16, 1967, to 3-6, 1967, ~~that I last saw the deceased alive on~~, and that death occurred at 3 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D. 597	VA Center, Boise, Idaho.	3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3-6-67		Nyssa, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-13-67	Myrtle Palmer	[signature]	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 954
Local Reg. No. 149
Reg. Dist. No. 370

RECEIVED MAR 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 days 3-04
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 1932 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): 002
c. (Last): POLLEY

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1967

5. SEX: MALE
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 24, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired, dairyman
10b. KIND OF BUSINESS OR INDUSTRY: dairy
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 04 BIRTHPLACE: Douglas Polley, Missouri
14. MOTHER'S MAIDEN NAME BIRTHPLACE: x Flora Frazier, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-09-2348A
17. INFORMANT'S OWN SIGNATURE 1932½ State ADDRESS: x Alma M. Paris Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Antemoslerotic Vascular Disease — 20 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Antiritis — 25 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/7, 1965, *to* 3/7/67, 19__, *that I last saw the deceased alive on* 3/7/67, 19__, *and that death occurred at* 9:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 516 (Degree or title)
23b. ADDRESS 1703 Hill Road, Boise
23c. DATE SIGNED 3/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 955
Local Reg. No. 40
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada. 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna. 010
d. STREET ADDRESS (If rural, give location): Box # 2.

3. NAME OF DECEASED (Type or Print)
a. (First): Chester
b. (Middle): C 004
c. (Last): YOUNG.

4. DATE OF DEATH (Month) 3 (Day) 7 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1-28-87.
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer. 04
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Nebraska.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Young. BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Henrietta Smith. BIRTHPLACE: Iowa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518 10 8328
17. INFORMANT'S OWN SIGNATURE: Jah A Stark — ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia and atelectasis following operation. — INTERVAL BETWEEN ONSET AND DEATH: 9 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Perforated appendicitis. — 9 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 2/26 & 3/1/67
19b. MAJOR FINDINGS OF OPERATION: (1) Perforated appendix; (2) wound dehiscence.
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 2-26, 19 67, to 3-7, 19 67, ~~that I last saw the deceased alive on~~ and that death occurred at 1:25PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. G. Crookston, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-10-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 3-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerread
LICENSE NO.: E-365

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 956
Local Reg. No. 34
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 13 1967 Bureau of Vital

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 0-00
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Veterans Adm. hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 1217 Garfield Street

3. NAME OF DECEASED (Type or Print)
a. (First) WALLACE
b. (Middle) ARTHUR 004
c. (Last) WILCOX

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Oct. 28, 1919
9. AGE (In years last birthday) 47 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) club manager 26
10b. KIND OF BUSINESS OR INDUSTRY club
11. BIRTHPLACE (State or foreign country) American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE Alan Fairford Wilcox, Havelock, Iowa
14. MOTHER'S MAIDEN NAME BIRTHPLACE Nellie A. Hickerson, Lincoln, Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 567-01-7040
17. INFORMANT'S OWN SIGNATURE 1217 Garfield ADDRESS ✓ Vivian M. Wilcox Boise, Idaho

4281

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Has Been under treatment for a Cardiac Condition for Months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* Alive, 19__, *that I last saw the deceased alive on* ___ 19__ *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 E. D. Paris 4 (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Drive, Boise.
23c. DATE SIGNED 3-10-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE March 11, '67
24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 3-13-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Fred E. Walker
LICENSE NO. E-483

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 957
Local Reg. No. 184
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED APR 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Harney
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hines 555
d. STREET ADDRESS (If rural, give location): 402 Hines Boulevard

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): PETER
c. (Last): MERRITT

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 22, 1916
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mill worker 17
10b. KIND OF BUSINESS OR INDUSTRY: Saw mill
11. BIRTHPLACE (State or foreign country): Winanac, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Information by Mail — ADDRESS: Irene Merritt (Wife) [signature]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) [illegible]

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 236 [illegible]
23b. ADDRESS: [illegible] State Boise
23c. DATE SIGNED: [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-8-67
24c. NAME OF CEMETERY OR CREMATORY: Burns Cemetery
24d. LOCATION (City, town, or county) (State): Burns, Oregon

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 25 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 20 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 958
Local Reg. No. 37
Reg. Dist. No. 271

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone.
d. STREET ADDRESS (If rural, give location): Woodriver Convalescent Home.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alphis	E	CLEGG.	3	8	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	8-4-96.	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Utah.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Walter I Clegg. BIRTHPLACE: England.
14. MOTHER'S MAIDEN NAME: Deborah Smith. BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 51834 4038
17. INFORMANT'S OWN SIGNATURE: John D Stanley ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Encephalomalacia	2 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cerebral Arteriosclerotic disease.	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus.	8 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-22, 19 67, to 3-8, 19 67, and that death occurred at 13:30 AM., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D.	547	VA Center, Boise, Idaho.	3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-10-1967	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-13-67	Myrtle Palmer	Francis M Bergin	E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 959
Local Reg. No. 150
Reg. Dist. No. 370

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 011 Boise
d. STREET ADDRESS (If rural, give location): 2202 No. 34th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Bert
b. (Middle): 003
c. (Last): Dewey

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 27, 1888
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heating Engineer 21
10b. KIND OF BUSINESS OR INDUSTRY: State House
11. BIRTHPLACE (State or foreign country): Calhoun Co., Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Dewey — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary Clarke — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-0867
17. INFORMANT'S OWN SIGNATURE: + [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 11d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Feb, 1967, *to* 8 March, 1967 *that I last saw the deceased alive on* 8 March, 1967, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 014 [signature] Attilley MD
23b. ADDRESS: 401 Idaho Boise Ida
23c. DATE SIGNED: 14 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/11/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO.: E435

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: McBratney-Alden-Waggoner Chapel

DUTIES:

APR 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 31 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 12 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 960
Local Reg. No. 144
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY 011 Ada	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise c. LENGTH OF STAY (in this place) 0-00	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus 003	d. STREET ADDRESS (If rural, give location) 1105 Pueblo

3. NAME OF DECEASED (Type or Print)	a. (First) Elizabeth	b. (Middle) M.	c. (Last) Bufort	4. DATE OF DEATH (Month) March (Day) 9, (Year) 1967
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH July 11, 1888	9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (State or foreign country) Chadron, Nebraska	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME David W. Powers	BIRTHPLACE Leavenworth, Kansas	14. MOTHER'S MAIDEN NAME Elizabeth Shisler	BIRTHPLACE Stanberry, Mo.	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	(If yes, give war or dates of service) none	16. SOCIAL SECURITY NO. 518-36-1093	17. INFORMANT'S OWN SIGNATURE A. E. Alden	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

15 IX

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of stomach. ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Anuria - 24 hrs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 3-8-67.	19b. MAJOR FINDINGS OF OPERATION Carcinoma of stomach -	20. AUTOPSY? YES ☒ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5-, 1967, *to* 3-9-, 1967, *that I last saw the deceased alive on* 3-9-, 1967, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Glenn E. Dalloy M.D. 520 (Degree or title)	23b. ADDRESS 125 E Idaho	23c. DATE SIGNED 3-13-67	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3/11/67	24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery	24d. LOCATION (City, town, or county) Boise, (State) Idaho
DATE REC'D BY LOCAL REG. 3-13-67	REGISTRAR'S SIGNATURE Myrtle Palmer	25. EMBALMER John F. Wilkerson	LICENSE NO. E435

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 5 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 961
Local Reg. No. 38
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 1 6 1967

1. PLACE OF DEATH
a. COUNTY: ADA 011 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO.
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OREGON. 38
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURNS 555
d. STREET ADDRESS (If rural, give location): BOX 243.

3. NAME OF DECEASED (Type or Print)
a. (First): Emery
b. (Middle): E
c. (Last): LANFEAR.

4. DATE OF DEATH (Month) (Day) (Year): 3 9 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: 7-7-92
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner 07
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W Lanfear. BIRTHPLACE: Unknown.
14. MOTHER'S MAIDEN NAME: Alvira Coates. BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW1 3
16. SOCIAL SECURITY NO.: 542 12 7383
17. INFORMANT'S OWN SIGNATURE / ADDRESS: VA Hospital Records, Boise, Idaho/

18. CAUSE OF DEATH 151X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anemia due to blood loss — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cancer of stomach — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic undifferentiated schizophrenia 50 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 3-8, 1967, to 3-9, 1967, ~~that I last saw the deceased alive on XXXXXXXXXX, 19XXX~~, and that death occurred at 11:50A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Glenn Voyles 597 — GLENN Q VOYLES, M.D
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 3-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-11-67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 962
Local Reg. No. 147
Reg. Dist. No. 270

BIRTH NO.

RECEIVED MAR 16 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jordan Valley 555
d. STREET ADDRESS (If rural, give location): Jordan Valley

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Pascual	Martin	Figuren	March 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widower 2	May 17, 1887	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep Ranch 04	Sheep	Zuvieta Lequeitio, Spain	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jose Venancio Figuren	Spain	Jacoba Navarro	Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Fred R. Figuren	Oreg.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Source unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis and Cerebral infarction

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1967, *to* Mar 10, 1967, *that I last saw the deceased alive on* Mar 10, 1967, *and that death occurred at* 5:41 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Ellison 261	MD	Boise Ida	3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-13-67	Jordan Valley	Jordan Valley, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-13-67	Myrtle Palmer	Daniel G. Gibson	E-400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 963
Local Reg. No. 151
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Vital Statistics

1-cc

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5206 Bond Street ooo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 13
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise
d. STREET ADDRESS (If rural, give location) 5206 Bond Street

3. NAME OF DECEASED (Type or Print) a. (First) EDNA b. (Middle) BARTLETT c. (Last) CALL

4. DATE OF DEATH (Month) (Day) (Year) March 10, 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH June 6, 1895

9. AGE (In years last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Manassa, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James W. Lollas
BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME Martha C. Knight
BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-38-9421

17. INFORMANT'S OWN SIGNATURE X [signature] ADDRESS 5206 Bond St Boise, Idaho

3344

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis — 7/13/65

19a. DATE OF OPERATION —

19b. MAJOR FINDINGS OF OPERATION —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 6/15, 1944, *to* 3/10, 1967, *that I last saw the deceased alive on* 3/[illegible], 1967, *and that death occurred at* 1:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M.D.

23b. ADDRESS Boise

23c. DATE SIGNED 3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 13'67

24c. NAME OF CEMETERY OR CREMATORY Dry Creek Cemetery

24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 3-15-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature]

LICENSE NO. E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 2 4 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 4 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 964
Local Reg. No. 4
Reg. Dist. No. 371

RECEIVED MAR 2 0 1967 Bureau of V.S.

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 111 Main Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clifford	W	GUNDER.	3	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced. 4	8-23-95	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Mill Work. 96	Same	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dallas Gunder.	Iowa	Mary Raymond	Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1 3	502 01 7511	John W. Gunder	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema. — INTERVAL BETWEEN ONSET AND DEATH: 9 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 2-28, 19 67, to 3-11, 19 67, ~~that I last saw the deceased alive on~~ and that death occurred at 6PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWENDELL, M.D. 597	VA Center, Boise, Idaho	3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-15-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-17-67	Myrtle Palmer	Dale McMurtrey	410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 965
Local Reg. No. 148
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 001
d. STREET ADDRESS (If rural, give location): Mile High Road

3. NAME OF DECEASED (Type or Print): a. (First) E. b. (Middle) Michael c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 25, 1898
9. AGE (In years last birthday): 68 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Accountant
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Placerville, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Chase Wilson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Louise Corcoran — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518-38-0610
17. INFORMANT'S OWN SIGNATURE: Jack H. McCord — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1964 *to* March 12, 1967, *that I last saw the deceased alive on* 3/12, 1967, *and that death occurred at* 10:47 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max G. Bell, M.D. 039 (Degree or title)
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-14-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-14-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 966
Local Reg. No. 159
Reg. Dist. No. 370

RECEIVED
MAR 2 1 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Home
d. STREET ADDRESS (If rural, give location): 418 North 4th West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
La Verne	Edison	Carey	March	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 26, 1932	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 26
10b. KIND OF BUSINESS OR INDUSTRY: Bowling Alley
11. BIRTHPLACE (State or foreign country): Lance Creek Wyo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Benjamin F. Carey — BIRTHPLACE: Marysville Missouri
14. MOTHER'S MAIDEN NAME: Emma M. Brahms — BIRTHPLACE: Jireh, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): Korean 7
16. SOCIAL SECURITY NO.: 518-30-9224
17. INFORMANT'S OWN SIGNATURE: X Thelma E. Carey — ADDRESS:

330X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral aneurysm - ruptured	30 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	aneurysm	unkn
DUE TO (c)	0	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	0	

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12-67, *to* 3-13-67, *that I last saw the deceased alive on* 3-13-67, 19____, *and that death occurred at* 8 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 173 (Degree or title) MD
23b. ADDRESS: 425 Bannock Boise
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 15, 67
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 3-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 967
Local Reg. No. 163
Reg. Dist. No. 370

RECEIVED
MAR 29 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada (011)
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 3 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Ada (011)
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 2812 Regan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Bennie	May	Grigsby	March 14 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed 2	March 22, 1907	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Same	Glenns Ferry, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dell B. Warner	"No Record"	"No Record"	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Glenn W. Grigsby	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetus
Epi Epsey

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960 to 14 Mar 1967, *that I last saw the deceased alive on* 14 Mar, 1967, *and that death occurred at* 3 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	Boise Ida	3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 17, 67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-28-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 968
Local Reg. No. 170
Reg. Dist. No. 370

67-1941
BIRTH NO.

RECEIVED
MAR 31 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 4-10
b. CITY OR TOWN: BOISE
c. LENGTH OF STAY (in this place): 10 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: ST. ALPHONSUS CC3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: ADA
c. CITY OR TOWN: BOISE
d. STREET ADDRESS (If rural, give location): 1717 POMANDER

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) L. c. (Last) BOYER Jr.

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1967

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT

8. DATE OF BIRTH: MARCH 14, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours: 10 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT 02

10b. KIND OF BUSINESS OR INDUSTRY: INFANT

11. BIRTHPLACE (State or foreign country): BOISE, IDAHO

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JAMES L. BOYER — BIRTHPLACE: WASH.

14. MOTHER'S MAIDEN NAME: LULU M. DOUD — BIRTHPLACE: OREGON

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: James L Boyer — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~226~~ Prematurity 5½ mos gestation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1967, *to* 3-14, 1967, *that I last saw the deceased alive on* 3-14, 1967, *and that death occurred at* 1130 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Max D McMillan MD (Degree or title) — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: MARCH 18, 1967

24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE MEMORIAL PARK

24d. LOCATION (City, town, or county) (State): BOISE, IDA.

DATE REC'D BY LOCAL REG.: 3-30-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. WATERS — LICENSE NO.: E-461

FIRM NAME: CLOVERDALE FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-1977

State File No. 969
Local Reg. No. 42
Reg. Dist. No. 371

Certificate of Death

BIRTH NO.

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 010 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna Rural
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna Rural 010
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) George
b. (Middle) Edward
c. (Last) Wade

4. DATE OF DEATH (Month) (Day) (Year) March 16, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 5, 1903
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Orleans, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alonzo Wade — BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Nellie Mae White — BIRTHPLACE Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-34-2877
17. INFORMANT'S OWN SIGNATURE Doyle D. Wade — ADDRESS Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Had a coronary about 7 years ago
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____ 19__, *and that death occurred at* 11:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 D. Paris 4 (Degree or title) Coroner,
23b. ADDRESS 3720 Meadow Drive, Boise.
23c. DATE SIGNED 3-21-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-20-67
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) (State) Meridian, Idaho

DATE REC'D BY LOCAL REG. 3-22-67
REGISTRAR'S SIGNATURE Myrtle Palmer by [illegible]
25. EMBALMER Geo. Jerrod
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 970
Local Reg. No. 160
Reg. Dist. No. 370

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 3-01
b. CITY OR TOWN: Boise — LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Valley
c. CITY OR TOWN: McCall — 430
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM — b. (Middle) EARNEST — c. (Last) WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 3, 1917

9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher-Logger C4

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Fort Benton, Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George R. Wright — BIRTHPLACE: Seargent, Nebraska

14. MOTHER'S MAIDEN NAME: Laura Hanson — BIRTHPLACE: Clark County, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 505-14-9776

17. INFORMANT'S OWN SIGNATURE: X Leona Frances Wright — ADDRESS: McCall, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): probable Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Complained of severe Chest Pains, Hours.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19____, *that I last saw the deceased alive on* ____, 19____ *and that death occurred at* 345 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Doris 4 Coroner — **23b. ADDRESS**: Boise, 3720 Meadow Drive, Idaho — **23c. DATE SIGNED**:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: March 23, '67 — **24c. NAME OF CEMETERY OR CREMATORY**: McCall Cemetery — **24d. LOCATION** (City, town, or county) (State): McCall, Idaho

DATE REC'D BY LOCAL REG.: 3-23-67 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: John F. Wilkerson — **LICENSE NO.**: E-435

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 971
Local Reg. No. 164
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAR 29 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-19
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 19 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 011 Boise
d. STREET ADDRESS (If rural, give location): 300 Mobley Drive

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): U.
c. (Last): DENMAN

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 2, 1894
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Sterling, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME — BIRTHPLACE: Franklin Lewis Diffendarfer, Indiana
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Ella A. Isherwood, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 517-22-2241
17. INFORMANT'S OWN SIGNATURE — ADDRESS: 300 Mobley Drive, George E. Denman, Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION — INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X CANCER OF THE R BREAST

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) WITH METASTASES TO
DUE TO (c) LIVER, NECK & AXILLA

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5/25/66
19b. MAJOR FINDINGS OF OPERATION: R. radical mastectomy c̄ lymph node metastasis
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/18, 1966, *to* 3/18, 1967, *that I last saw the deceased alive on* 3/18, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: R. Wynton 545 Mal (Degree or title)
23b. ADDRESS: 201 E. Bannock
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-28-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: F. Richard Reed
LICENSE NO.: E-419

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 3 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 972
Local Reg. No. 171
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 1309 N. 11 th.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) MARTIN c. (Last) WILSON

4. DATE OF DEATH: (Month) (Day) (Year) March 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 15, 1893

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Niagara Falls, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-6667

17. INFORMANT'S OWN SIGNATURE: Mrs Bessie Wilson
ADDDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) Short (b) Progressive

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1963, *to* 3-18, 1967, *that I last saw the deceased alive on* 3-18, 1967 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 318 (Degree or title) MD

23b. ADDRESS: 401 N Orchard Boise

23c. DATE SIGNED: 3-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 22, 1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 3-30-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 17 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 973
Local Reg. No. 162
Reg. Dist. No. 370

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO. 1-14

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 14 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At his home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1905 Washington St.

3. NAME OF DECEASED (Type or Print): a. (First) EDWARD; b. (Middle) BRITTON; c. (Last) CHAPMAN

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 25, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Foreman Transfer Co. 26
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Osceola, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Edward Chapman — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sivella Anna Phillips — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-05-7426
17. INFORMANT'S OWN SIGNATURE: Stella H. Chapman — ADDRESS: 1905 Washington Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosel. Heart Dis. — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — 4 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15, 1967, *to* 3-15, 1967, *that I last saw the deceased alive on* 3-15, 1967, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 3-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-509
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 29 1967

State File No. 974
Local Reg. No. 47
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: ADA

b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Boise, Idaho.

c. LENGTH OF STAY (in this place): 72 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Oregon b. COUNTY: 38

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario. 555

d. STREET ADDRESS (If rural, give location): 125 So. Oregon Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Donald	E	GRAFE.	3	18	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	5-22-94	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Hotel Manager	Same	Nebraska.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Grafe.	Iowa	Ella Hillegas	Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	504 18 77 09	John D. Grafe	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gastrointestinal bleeding of unknown origin. — 1 Week

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Clear cell carcinoma of right kidney

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-3-67	Clear cell carcinoma of right kidney	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I, the undersigned, attended the deceased from 1-5, 1967, to 3-18, 1967, ~~that I last saw the deceased alive on~~ and that death occurred at 5:30AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. J. BUNGARD, M.D. 597	VA Center, Boise, Idaho.	3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 21, 1967	Evergreen Cemetery	Ontario Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-28-67	Myrtle Palmer	Dale McMurtrey	E-410

FIRM NAME: Bertelson-Lienkaemper Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 975
Local Reg. No. 166
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

MAR 28 1967

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital CCC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 13
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1709 South Phillippi St.

3. NAME OF DECEASED (Type or Print): a. (First) Delbert; b. (Middle); c. (Last) Buchanan

4. DATE OF DEATH: (Month) March (Day) 18, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 18, 1892

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector 10

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Loa, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Buchanan — BIRTHPLACE: "No Record"

14. MOTHER'S MAIDEN NAME: Julia Ann Zufelt — BIRTHPLACE: "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE | ADDRESS: Raymond A Lewis

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Sudden attack. D-C-A, Hospital. Mins;

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 940A m., *from the causes and on the date stated above.*

23a. SIGNATURE: 583 (Degree or title): Coroner

23b. ADDRESS: 3720 Meadow Drive, Boise.

23c. DATE SIGNED: 3-23-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 25, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pajaro Valley Memorial

24d. LOCATION (City, town, or county) (State): Watsonville, California

DATE REC'D BY LOCAL REG.: 3-28-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER:

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 19 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 976
Local Reg. No. 43
Reg. Dist. No. 371

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada (11) 3-11

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho

LENGTH OF STAY (in this place): 11 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: (11)

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.

d. STREET ADDRESS (If rural, give location): 3503 State Street.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Jess	F	BUCHANAN.		3	19	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	12-23-86	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer-Retired 06	Same	Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stevenson Buchanan	Ind.	Lucy Belle Scott.	Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I (One) 3	520 12 7358	[signature]	VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	2½ mos
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	15 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes mellitus	1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I hereby certify that I attended the deceased from 1-8, 19 67, to 3-19, 19 67, that I last saw the deceased on [illegible] and that death occurred at 5:50AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, M.D. 597	VA Center, Boise, Idaho	3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)
Burial	3-22-67	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-24-67	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 977
Local Reg. No. 44
Reg. Dist. No. 371

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 ADA. 3-23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 23 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 403 Franklin Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): O
c. (Last): SULLIVAN.

4. DATE OF DEATH (Month) (Day) (Year): 3 19 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 4-3-77
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Tim Sullivan — BIRTHPLACE: Ireland.
14. MOTHER'S MAIDEN NAME: Bridget O'Conner. — BIRTHPLACE: Ireland.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW One 3
16. SOCIAL SECURITY NO.: 518 07 9261
17. INFORMANT'S OWN SIGNATURE: John D Storb — ADDRESS: VA Hospital Records, Boise, Idaho.

3403

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Purulent Meningitis and — INTERVAL BETWEEN ONSET AND DEATH: 3-5 days(?)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Hypostatic Pneumonia and — 5+ days
~~DUE TO (c)~~ Fracture of left hip

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Feb. 28, 1967
19b. MAJOR FINDINGS OF OPERATION: Fracture - neck, right femur
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 2-24, 19 67, to 3-19, 19 67, ~~that I last saw the deceased alive on~~ and that death occurred at 2:10AM m., from the causes and on the date stated above.

23a. SIGNATURE: W. G. Crookston — (Degree or title): W. G. CROOKSTON, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/67
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elach [illegible] — LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 7 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 978
Local Reg. No. 45
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 35 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise. 011
d. STREET ADDRESS (If rural, give location): 1312 Ressequie

3. NAME OF DECEASED (Type or Print)
a. (First): Tillman
b. (Middle): E
c. (Last): WILL

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Separated 4
8. DATE OF BIRTH: 4-9-90
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman-Retired. 24
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William F Will — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Nellie E Joy. — BIRTHPLACE: Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 399 09 06 52
17. INFORMANT'S OWN SIGNATURE: John D. Stroud — ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic carcinoma with mediastinal metastases and
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Hypostatic pneumonia
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: ? — 10 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

~~I hereby certify that I~~ attended the deceased from 2-12, 19 67, to 3-19, 19 67, ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~ and that death occurred at 4:40AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. G. CROOKSTON, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/22/67
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl H. Sears
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 0 6 2000

JUN 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 979
Local Reg. No. 48
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH — MAR 29 1967
a. COUNTY Ada — 1-01
b. CITY OR TOWN (If outside corporate limits, write township) Boise, Idaho
STATE OF STAY (in this place) 399 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho — 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco — 120
d. STREET ADDRESS (If rural, give location) Box 773

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Aaron	(NMI)	ROHWER	3	20	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	12-2-98	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner — 67
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Utah.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: C.J. Rohwer — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Hannah Peterson — BIRTHPLACE: Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW One 3
16. SOCIAL SECURITY NO.: 528 20 7690
17. INFORMANT'S OWN SIGNATURE: John E Stark — ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute thrombosis right middle cerebral artery	3 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease with congestive heart failure.	10 years +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — VA — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 2-14, 19 66, to 3-20, 19 67, and that death occurred at 5:17AM m., from the causes and on the date stated above.

23a. SIGNATURE: Robert C. Lewis, M.D. (Degree or title) — ROBERT C LEWIS, M.D. 577
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-20-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: 3-28-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO. 410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

SEP 16 1988

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 26 2001

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 980
Local Reg. No. 165
Reg. Dist. No. 370

RECEIVED MAR 29 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 1936 State Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BRIAN	DAVID	LYNCH	March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never-married	Sept. 30, 1962	4				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clifford W. Lynch	Unknown	Jeanne Keyes	Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Jeanne L. Lynch	1936 State Boise, Idaho

18. CAUSE OF DEATH 8124

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto-pedestrian injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	City Street, Boise	Boise 13 011	Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3	17	1967	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Struck by auto

22. *I hereby certify that I attended the deceased from* Mar 17, 1967, *to* Mar 21, 1967, *that I last saw the deceased alive on* Mar 21, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
David Carlisle MD	Boise Idaho	3/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-24-67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-28-67	Myrtle Palmer	[signature]	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

JUL 21 1967

FEB 26 1997

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 981
Local Reg. No. 161
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada — MAR 27 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise — Bureau of Vital Statistics
LENGTH OF STAY (In this place) C-OC
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise — 011
d. STREET ADDRESS (If rural, give location) 2413 Smith St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ethel	May	Burke	March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married 3	March 19, 1899	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Bailey Run, Pennsylvania	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred E. Harvey	Pennsylvania	Nora Bell Berfield	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	542-24-7917	Doris Arthur Shaw	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Diabetis Mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-9, 1967, *to* 3-21, 1967, *that I last saw the deceased alive on* 3-9, 1967, *and that death occurred at* 12 3/4 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C C Johnson 261	M.D.	Boise Idaho	3 22 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/24/67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-23-67	Myrtle Palmer	John F. Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 982
Local Reg. No. 50
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: O/C Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
c. LENGTH OF STAY (in this place): 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural O/O
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Deborah
b. (Middle): M.
c. (Last): Asher

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 31, 1878
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Craborchard, Kent.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Greenbille Durham — BIRTHPLACE: Kent.
14. MOTHER'S MAIDEN NAME: Mary E. Anglin — BIRTHPLACE: Kent.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs [illegible] Smith — ADDRESS: Meridian Rt. 2

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro-Vasc. Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis — 30 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Atonic bladder

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* March 22, 1967, *that I last saw the deceased alive on* 21 March, 1967, *and that death occurred at* 2:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 326
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-67
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 4-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

DUTIES:

AUG 1 4 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 983
Local Reg. No. 46
Reg. Dist. No. 37

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA C 11 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
LENGTH OF STAY (in this place) 192 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VETERANS ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE C 11
d. STREET ADDRESS (If rural, give location) 1402 North 9th ST

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLARENCE	H	PHILLIPS	MARCH 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White ;	M Widowed W	f 6-18-12	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner C7	Mining	Council, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence A Phillips	Boise, Idaho	Pearly Schonnover	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	530 09 55 20	VET. ADMIN. RECORDS,	BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 2 Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undifferentiated mediastinal tumor — 6 Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
m.		

22. I attended the deceased from 9/12/66, 19__, to 3/22/67, 19__, that I last saw the deceased alive on [illegible] and that death occurred at 10:40 P.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R.J. BUNGARD, M.D.		VA Center, Boise, Idaho	3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/25/67	I.O.O.F. Cemetery	Council, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-27-67	Myrtle Palmer	[signature]	E 435

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 2 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 984
Local Reg. No. 176
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY 011 Ada — APR 7 1967 — 1-04

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise

c. LENGTH OF STAY (in this place) 4 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho — b. COUNTY Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011

d. STREET ADDRESS (If rural, give location) 1417 No. 17th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
May	[illegible]	Russell	March 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	5/15/1893	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Chanute, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles F. Carr	Kansas	Floy M. Homan	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		Mrs. Violet Bryant	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1532 Carcinoma of colon c Metastases — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Bruce Moody 368 MD	2429 N. Cole Rd	3/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/28/67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-30-67	Myrtle Palmer	John T. Wilkerson	E 435

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 985
Local Reg. No. 191
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 13 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY 01 Ada — 105
b. CITY OR TOWN Boise — c. LENGTH OF STAY (in this place) 4½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise — 01
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ellen	Whiting	Shook	March 25 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	Nov. 16, 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): on ranch near Burns, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Frank Whiting — BIRTHPLACE: ---
14. MOTHER'S MAIDEN NAME: Susan Dixon — BIRTHPLACE: --

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): none — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: By telephone — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 16 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1967, to Mar 25, 19 67, *that I last saw the deceased alive on* March 25 1967, *and that death occurred at* 11 C m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. M. Salladay C88 M D		Burns Idaho	4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Mar. 29, 1967	Burns Cemetery	Burns, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-12-67	Myrtle Palmer		483

FIRM NAME: SALLADAY FUNERAL CHAPEL-Burns

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 25 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 986
Local Reg. No. 173
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAR 31 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Gables Motel 6608 Fairview Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Rural) Hill Top Cafe
d. STREET ADDRESS (If rural, give location): c/o Idaho City Stage

3. NAME OF DECEASED (Type or Print)
a. (First): WARREN
b. (Middle): GROVER
c. (Last): GOSSETT

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Aug. 1, 1920
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drug salesman & Cafe Owner
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Natoma, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME 22 — BIRTHPLACE: Cliff Gossett, Osborne Co., Kansas
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Anna McDonald, Rooks Co., Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2 4
16. SOCIAL SECURITY NO.: 541-14-9559
17. INFORMANT'S OWN SIGNATURE ADDRESS: Mrs Bettie M. Gossett c/o Idaho City State Boise, Idaho

8786

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Combination-Alcohol & Drugs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: High Blood Pressure & slight Cardiac Condition.

INTERVAL BETWEEN ONSET AND DEATH: Mins; Months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Not Determined
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at* IOP *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 D. Paris 4 (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 3-29-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 3-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 3 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 987
Local Reg. No. 168
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 3 1 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 270
d. STREET ADDRESS (If rural, give location): 309 East Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): Helen
b. (Middle): Leanore
c. (Last): Floyd

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 2, 1930
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry W. Allyn — BIRTHPLACE: Lewis, Iowa
14. MOTHER'S MAIDEN NAME: Gladys Burkhalter — BIRTHPLACE: Lewis, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Gladys Allyn — ADDRESS: 309 E Ave E

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 to 3 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Terminal Uremic Coma — 25 da
DUE TO (c) Diabetic Nephropathy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetic Retinitis

19a. DATE OF OPERATION:
19b. ~~MAJOR FINDINGS OF OPERATION~~: Hypertensive Cordio Vascular Disease
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 1964, 19__, *to* Mar 26, 1967, *that I last saw the deceased alive on* Mar 25, 1967, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E Cafford 094 (Degree or title) MD
23b. ADDRESS: 311 Idaho St
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3/26/67
24c. NAME OF CEMETERY OR CREMATORY: Wiley Funeral Home
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: 3-29-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F Wilkerson — LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 13 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECORDED

Certificate of Death

STATE OF IDAHO

MAR 30 1967

State File No. 988
Local Reg. No. 49
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 0 00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Veterans Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 4415 Adams St

3. NAME OF DECEASED (Type or Print)
a. (First) Archie
b. (Middle) C
c. (Last) Ormiston

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH May 17, 1897

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 065

10b. KIND OF BUSINESS OR INDUSTRY Ranching

11. BIRTHPLACE (State or foreign country) Turner, Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Robert A. Ormiston
BIRTHPLACE New York

14. MOTHER'S MAIDEN NAME Emma Saum
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW 1

16. SOCIAL SECURITY NO. No

17. INFORMANT'S OWN SIGNATURE V. E. Ormiston
ADDRESS Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY...DID NOT SEE ALIVE, 19__, *to* 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 2:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Coroner

23b. ADDRESS 3720 Meadow Dr., Boise, Ida.

23c. DATE SIGNED 3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3/29/67

24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery

24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 3-30-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER John T. Wilkerson

LICENSE NO. E-435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 30 1967

APR 11 1967

NOV 12 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 30 1967

State File No. 989
Local Reg. No. 172
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 2-00
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise 011
d. STREET ADDRESS: 2401 Regan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thornton	Dix	Wyman	March 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 11, 1899	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney 16	Idaho Bar	Boise, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry C. Wyman	Colo.	Annie Barber	Ola, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I 3	519-44-4487	Julia R Wyman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Kidney Stones — 6 yrs
DUE TO (c) pyelonephritis — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Polyarthritis — 30 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan 11, 1958, *to* March 26, 1967, *that I last saw the deceased alive on* March 26, 1967, *and that death occurred at* 8:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T H Jeffers 259 MD	Boise Idaho	3/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/30/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-30-67	Myrtle Palmer	John L Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 30 1967

APR 19 1967

JAN 16 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 990
Local Reg. No. 167
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 29 1967 Bureau

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011
d. STREET ADDRESS (If rural, give location): 1005 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Basil
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 2, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Minister 18
10b. KIND OF BUSINESS OR INDUSTRY: Clergy
11. BIRTHPLACE (State or foreign country): Notingham, England
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Samuel Young — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Ann Bamford — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531-36-9946
17. INFORMANT'S OWN SIGNATURE: Mrs Wm B. Young — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1533 Mucoid Adenocarcinoma of Sigmoid Colon with obstruction, bladder fistula and anemia and Right Hydronephrosis. — INTERVAL BETWEEN ONSET AND DEATH: Indefinite

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* age

19a. DATE OF OPERATION: 3/25/67
19b. MAJOR FINDINGS OF OPERATION: Metastatic Cancer with Fistula into bladder and Colon Obstruction
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/20, 1967, *to* 3/27, 1967, *that I last saw the deceased alive on* 3/27, 1967, *and that death occurred at* 7:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph R. Jones 270 (Degree or title) M.D.
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: 3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-28-67
24c. NAME OF CEMETERY OR CREMATORY: Yakima Cemetery
24d. LOCATION (City, town, or county) (State): Yakima, Washington

DATE REC'D BY LOCAL REG.: 3-28-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 991
Local Reg. No. 180
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

APR 7 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Ada 011 1-21

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (In this place): 21 Yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 011

d. STREET ADDRESS (If rural, give location): 805 North 29th

3. NAME OF DECEASED (Type or Print)

a. (First): Lottie

b. (Middle): Adell

c. (Last): Steffen

4. DATE OF DEATH (Month) (Day) (Year): March 28 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 14, 1895

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Miller Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William James Stewart — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Minnie Bell Rutner — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Earl P. Steffen — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVC

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardiovascular disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 3-28, 1967, that I last saw the deceased alive on 3-28, 1967, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James D. Merritt 357

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/3/67

24c. NAME OF CEMETERY OR CREMATORY: Arnold Demetery

24d. LOCATION (City, town, or county) (State): Arnold Nebraska

DATE REC'D BY LOCAL REG.: 4-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Y. Hears

LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: RELYEA MORTUARY

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 992
Local Reg. No. 193
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

Bureau of Vital Statistics

APR 14 1967 2:09

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 9 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2622 Gem Street

3. NAME OF DECEASED (Type or Print): a. (First) AMELIA b. (Middle) ELIZABETH c. (Last) THRONTVEIT

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 2, 1923
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Temple, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Walter Burtchell — BIRTHPLACE: -----
14. MOTHER'S MAIDEN NAME: Callie ----- — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 466-18-4508
17. INFORMANT'S OWN SIGNATURE: Carl S Throntveit — ADDRESS: 2622 Gem Boise, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca Breast — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Mar, 1967, *that I last saw the deceased alive on* 3-28, 1967, *and that death occurred at* 3:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE: George R Ballard MD (Degree or title)
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-14-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [illegible]
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form PH-65021

APR 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 29 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 993
Local Reg. No. 195
Reg. Dist. No. 370

Certificate of Death

RECEIVED
APR 1 8 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 1-40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 40 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise
d. STREET ADDRESS (If rural, give location) 1504 Columbus

3. NAME OF DECEASED (Type or Print)
a. (First) Rosco
b. (Middle) Clinton
c. (Last) Loveland

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1967

5. SEX Male
6. COLOR OR RACE Cacu.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 18, 1895
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dairying 07
10b. KIND OF BUSINESS OR INDUSTRY Farmer
11. BIRTHPLACE (State or foreign country) Chesterfield, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Anson Cassim — BIRTHPLACE Bountiful, Utah
14. MOTHER'S MAIDEN NAME Lydia Rosetta Call — BIRTHPLACE Fillmore, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-22-4009
17. INFORMANT'S OWN SIGNATURE + Glen C. Loveland — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe atherosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Mar, 1967, *to* 28 Mar, 1967, *that I last saw the deceased alive on* 28 Mar, 1967, *and that death occurred at* 9:25 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 312 (Degree or title) MD
23b. ADDRESS 6003 Overland Boise Ida
23c. DATE SIGNED 4 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Memorial Park
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 4-13-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-2991
BIRTH NO.

RECEIVED
APR 18 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 994
Local Reg. No. 197
Reg. Dist. No. 370

1. PLACE OF DEATH
a. COUNTY: 011 Ada 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphnnsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 011 Boise
d. STREET ADDRESS (If rural, give location): mother, 106 Village Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Jon
b. (Middle): 003 Jay
c. (Last): Buchert

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant
8. DATE OF BIRTH: March 27, 1967
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months - Days -
IF UNDER 24 HRS.: Hours 11 Min. 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: - - -
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Virginia Buchert
BIRTHPLACE: Prineville, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: [signature] 1012 Sherman
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 7730
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Atelectasis, primary — INTERVAL BETWEEN ONSET AND DEATH: 10 Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hyaline Membrane
DUE TO (c): Respiratory Distress Syndrome

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/27, 1967, *to* 3/28, 1967, *that I last saw the deceased alive on* 3/28, 1967, *and that death occurred at* 3:12a *m., from the causes and on the date stated above.*

23a. SIGNATURE: B J Copple 102 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 1, '67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 4-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-2991

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 995
Local Reg. No. 169
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAR 30 1967

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1510 North 17th. ccc

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c 11
d. STREET ADDRESS (If rural, give location) 1510 North 17th.

3. NAME OF DECEASED (Type or Print)
a. (First) Nance
b. (Middle) Laurene
c. (Last) Farley

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 4, 1895
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sect. 19
10b. KIND OF BUSINESS OR INDUSTRY State Accident Board
11. BIRTHPLACE (State or foreign country) Glenns Ferry, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Sargeant
BIRTHPLACE U.S.A.
14. MOTHER'S MAIDEN NAME Mally Stockton
BIRTHPLACE U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 4201
17. INFORMANT'S OWN SIGNATURE X Jesse E Farley
ADDRESS Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH 8 Inst;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
cirrhosis of the liver. 9 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, to Alive, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 1230P *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Paris 4 (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Drive, Boise
23c. DATE SIGNED 3-29-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-30-67
24c. NAME OF CEMETERY OR CREMATORY Cloverdale
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 3-29-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Eldon T. Pearson
LICENSE NO. E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

MAR 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 996
Local Reg. No. 178
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada 404
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise
d. STREET ADDRESS (If rural, give location) 109 East 45th

3. NAME OF DECEASED (Type or Print)
a. (First) Wilber
b. (Middle) 003 W.
c. (Last) Kenworthy

4. DATE OF DEATH (Month) (Day) (Year) March 29 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 9, 1913
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Vermillion Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kenworthy — BIRTHPLACE: Rockfod Ill.
14. MOTHER'S MAIDEN NAME: Lula Myers — BIRTHPLACE: Erving Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-28-0786
17. INFORMANT'S OWN SIGNATURE: + Maryann Kenworthy — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4010

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Tamponade — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 236 G Robert Holdren MD
23b. ADDRESS: 201 W State St, Boise
23c. DATE SIGNED: 3 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: April 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 17 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 21 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

MAY 2 1967

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

JUN 21 1985

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 997
Local Reg. No. 174
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada APR 5 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 0-00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5207 Ponder St. OOO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise 011
d. STREET ADDRESS (If rural, give location) 5207 Ponder St.

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) Lynn c. (Last) Reed
4. DATE OF DEATH (Month) (Day) (Year) March 29, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb. 13, 1951
9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Cecil R. Reed BIRTHPLACE Cambridge, Idaho
14. MOTHER'S MAIDEN NAME Mary M. Kelso BIRTHPLACE St. Louis, Mo.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X Cecil R. Reed ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, Trauma — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound in head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home
21c. (CITY, TOWN, OR TOWNSHIP) 13 Boise (COUNTY) 011 Ada (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Mar. 29, 1967 11:45 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* AS CORONER ONLY...DID NOT SEE ALIVE, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__ *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 O. Harris, 4 (Degree or title) Coroner
23b. ADDRESS 3720 Meadow Dr., Boise, Ida.
23c. DATE SIGNED 4/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/3/1967
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 4-5-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkerson
LICENSE NO. E-435
FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR - 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.. .....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 998
Local Reg. No. 179
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH — APR 7 1967 — 3-14
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — 011
d. STREET ADDRESS (If rural, give location): 923 Leadwille

3. NAME OF DECEASED (Type or Print): a. (First) John — b. (Middle) 292 — c. (Last) Cowe

4. DATE OF DEATH (Month) (Day) (Year): March 30 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Nov. 8, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Drilling 21
10b. KIND OF BUSINESS OR INDUSTRY: Well Driller
11. BIRTHPLACE (State or foreign country): Aberdeen Scotland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Cowe — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Leslie Murray — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-40-2078-A
17. INFORMANT'S OWN SIGNATURE: X Mary L. Cowe — ADDRESS: 923 Leadwille Boise Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1967, *to* Mar 30, 1967, *that I last saw the deceased alive on* Mar 29, 1967, *and that death occurred at* 12:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 33 — 23b. ADDRESS: 1320 Vista Ave Boise Ida — 23c. DATE SIGNED: 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	April, 1, 1967	Dry Creek Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-6-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 16 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 999
Local Reg. No. 51
Reg. Dist. No. 371

BIRTH NO.

APR 10 1967

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
LENGTH OF STAY (in this place): 8 Days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian. c/c
d. STREET ADDRESS (If rural, give location): 1323 East First St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Frank	L CC4	JOLLEY	3	31	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	10-19-90	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Post Master. 08
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? U S A.

13. FATHER'S NAME: Thomas R Jolley. BIRTHPLACE: Utah.
14. MOTHER'S MAIDEN NAME: Anna Lundgren. BIRTHPLACE: Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 518 14 7926
17. INFORMANT'S OWN SIGNATURE: John O Blank ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?
VA

22. I hereby certify that I attended the deceased from 3-23, 1967, to 3-31-67, 1967 and that death occurred at 3:10P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
GLENN Q VOYLES, M.D. 597	VA Center, Boise, Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-4-67	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Myrtle Palmer	Geo Jensen	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 10 1967

MAY 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1000
Local Reg. No. 196
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

APR 18 1967 4-04

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) Few Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 011 Boise
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print)
a. (First) Lynn
b. (Middle) E.
c. (Last) Adams

4. DATE OF DEATH (Month) (Day) (Year) March 31 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 3, 1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Glasgow Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Adams — BIRTHPLACE "No Record"
14. MOTHER'S MAIDEN NAME Ella Franfurther — BIRTHPLACE "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-16-3226
17. INFORMANT'S OWN SIGNATURE Mrs. Dathryn Adams — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ASHO — "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24, 1967, *to* Mar. 31, 1967, *that I last saw the deceased alive on* Mar. 31, 1967, *and that death occurred at* 2:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE David A. Weeks 557 (Degree or title) MD
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April, 3, 67
24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 4-13-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Clark [signature]
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1001
Local Reg. No. 175
Reg. Dist. No. 370

BIRTH NO. RECEIVED STATE OF IDAHO

APR 5 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 04
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4814 Roberts Road

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): Floyd
c. (Last): Hewitt

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 2, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bank Executive 19
10b. KIND OF BUSINESS OR INDUSTRY: Savings & Loan
11. BIRTHPLACE (State or foreign country): Shelbyville, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Jefferson Hewitt — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lillie V. Turner — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-8790
17. INFORMANT'S OWN SIGNATURE: Carrie M. Hewitt — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hemochromatosis — unkn
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4, 1965, *to* 3-31, 1967, *that I last saw the deceased alive on* 3-31, 1967, *and that death occurred at* 9:15 Am., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. Young 173 (Degree or title) MD
23b. ADDRESS 425 Bannock St Boise
23c. DATE SIGNED 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/3/1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-5-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson — LICENSE NO. E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

APR - 5 1967

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1002
Local Reg. No. 5
Reg. Dist. No. 300

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 29 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Adams 020 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oxbow Dam
c. LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ballard Bridge 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls 020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kimberly (rural)
d. STREET ADDRESS (If rural, give location) Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First) RICHARD
b. (Middle) ALLEN
c. (Last) YOUNG

4. DATE OF DEATH (Month) (Day) (Year) March 13, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Dec. 29, 1933
9. AGE (In years last birthday) 33 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 6 06
10b. KIND OF BUSINESS OR INDUSTRY construction
11. BIRTHPLACE (State or foreign country) Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charley Young — BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Leah Stewart — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) Korean 7
16. SOCIAL SECURITY NO. 518-34-3794
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9298

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning — 4 to 5 Min.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 20 Ballard Bridge
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 020 Adams Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 3 13 67 m. 0
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Bridge collapsed

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E Ham 583 4 (Degree or title) Coroner
23b. ADDRESS Council, Idaho
23c. DATE SIGNED 3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 13
24b. DATE 3-22-1967
24c. NAME OF CEMETERY OR CREMATORY Rock Creek Cemetery
24d. LOCATION (City, town, or county) (State) Hansen, Idaho

DATE REC'D BY LOCAL REG. 2-23-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Dale P. Patterson — LICENSE NO. E-451

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1003
Local Reg. No. 6
Reg. Dist. No. 300

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 020 Adams 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Council Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Adams 020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Council
d. STREET ADDRESS (If rural, give location) Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	PETE	017	ROBERTSON	3	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	divorced 4	8.18.1891	75	6	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Fruitvale, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Robertson	Missouri	Martha Harp	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-16-1561	[signature]	Council

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4500 Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia — 10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-1 *, 19* 67 *, to* 3-14 *, 19* 67 *, that I last saw the deceased alive on* 3-14 *, 19* 67 *, and that death occurred at* 2:20 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	154	Council, Idaho	3/14/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	3/18/1967	Winkler Cemetery	Council	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/14/67	[signature]	[signature]	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

MAR 22 1967

Bureau of Vital Statistics

State File No. 1004
Local Reg. No. 4
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 020 Adams 2-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Vi[illegible]): Rural--Hells Canyon Dam
c. LENGTH OF STAY (In this place): 16 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Trailerhouse Home, H. C. Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wahington 48
b. COUNTY: King 5 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location): None Now

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): JOANN 000
c. (Last): STEPHENS

4. DATE OF DEATH: (Month) March 14, (Day) [illegible], (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 6, 1902

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Rochester, New York

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Alfred Mann
BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: Jess G. Stephens
ADDRESS: Box 153, Big Bar Oxbow, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Cardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial infarction — Minutes

DUE TO (c): Art. Scl Card Vas Disease — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cirrhosis of liver — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 2 1967, *to* March 14 1967, *that I last saw the deceased alive on* March 2, 1967, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph Cll Downs MD 145 (Degree or title)

23b. ADDRESS: PO BOX 1236 BBRS Courbridge

23c. DATE SIGNED: 3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Cremation

24b. DATE: March 15, 1967

24c. NAME OF CEMETERY OR CREMATORY: Home Undertaking Co.

24d. LOCATION (City, town, or county) (State): Seattle, Washington

DATE REC'D BY LOCAL REG.: 3/18/67

REGISTRAR'S SIGNATURE:

25. EMBALMER:

LICENSE NO.: Idaho E-311

FIRM NAME: The Beatty Chapel, Baker, Oregon

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 1 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1005
Local Reg. No. 43
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 137 So. Johnson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 137 So. Johnson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BENJAMIN	FRANKLIN	HOUGH	March 1 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Widowed 2	June 16, 1881	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist 21	Drug	Ainsworth, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L.L. Hough	Unknown	Susan J. Campbell	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-6722	Mrs W B Wilson	Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable myocardial infarction	sudden
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	arteriosclerosis	chronic
DUE TO (c)	hiatal hernia	chronic
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-18, 1955, *to* 3-1, 1967, *that I last saw the deceased alive on* 9-1-, 1966, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D.	Box 852, Pocatello, Idaho	3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 4, 1967	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67	Mary Kellogg	George W Knott	409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 21 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1006
Local Reg. No. 21
Reg. Dist. No. 511

BIRTH NO.

RECEIVED Bureau of Vital Statistics MAR 8 1967

1. PLACE OF DEATH
a. COUNTY Bannock 2-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 3 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven 294

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Garfield
d. STREET ADDRESS (If rural, give location) X

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) LESLIE c. (Last) TINKER

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 6, 1886
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming & Cattle
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Morristown, Vermont
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Monroe Tinker. BIRTHPLACE Vermont
14. MOTHER'S MAIDEN NAME Persis Blanchard Adams. BIRTHPLACE Morrisville, Vermont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X
16. SOCIAL SECURITY NO. 518-16-6304
17. INFORMANT'S OWN SIGNATURE Persis A. Dixon ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 8 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1947, *to* 3/1, 1967, *that I last saw the deceased alive on* 2/23, 1967, *and that death occurred at* 6:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Sheldon Tall, M.D. (Degree or title)
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 3/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4 MAR 67
24c. NAME OF CEMETERY OR CREMATORY Central
24d. LOCATION (City, town, or county) (State) Grant, Jefferson, Idaho

DATE REC'D BY LOCAL REG. 3-7-67
REGISTRAR'S SIGNATURE Maureen Schelske
25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021 Deputy

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 22 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A. B. Eckersell Lic. No E236 at Rigby on 1MAR67

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1007
Local Reg. No. 94
Reg. Dist. No. 51

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY Bannock — APR 1 8 1967 — 000
b. CITY OR TOWN Lava Hot Springs — Bureau of Vital Statistics
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) CLARENCE
c. (Last) McGUINN

4. DATE OF DEATH (Month) (Day) (Year) March 2, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH July 1, 1892

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook

10b. KIND OF BUSINESS OR INDUSTRY Restaurant

11. BIRTHPLACE (State or foreign country) Oxford, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Joseph McGuinn — BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Anna Rebecca Potter — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War I

16. SOCIAL SECURITY NO. 519 01 8615

17. INFORMANT'S OWN SIGNATURE X Kathryn (Mrs. Fayette) Lee — ADDRESS Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had Pneumonia Stroke

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1964, *to* Mar 2, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) — **23b. ADDRESS** — **23c. DATE SIGNED** 4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Mar. 6, 1967 — **24c. NAME OF CEMETERY OR CREMATORY** Lava Hot Springs Cem. — **24d. LOCATION** (City, town, or county) (State) Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG. 4-10-67 — REGISTRAR'S SIGNATURE Maureen Schelske, Deputy — **25. EMBALMER** Conway Grant — LICENSE NO. E478

FIRM NAME Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 18 1967

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1008
Local Reg. No. 74
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 0001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1442 North Harrison

3. NAME OF DECEASED (Type or Print)
a. (First): RUBY
b. (Middle): PEARL
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 24, 1901
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Frenchlick, Indiana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Shoaf — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Martha Ann Landreth — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 518 14 3305
17. INFORMANT'S OWN SIGNATURE — ADDRESS: [illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypertension Cardio vascular Disease, arteriosclerosis, myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus & gangrene Rt. Lower Leg — 1 yr.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 3-4, 1967, *that I last saw the deceased alive on* 3-4, 1967, *and that death occurred at* 4P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller, Md 362
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 3-13-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant — LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 8 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1009
Local Reg. No. 75
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 131 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 353 East Lander Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Rio Vista Road

3. NAME OF DECEASED (Type or Print)
a. (First) BARBARA
b. (Middle)
c. (Last) PAHVITSE

4. DATE OF DEATH (Month) (Day) (Year) March 5 1967

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 2, 1935
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Fort Hall Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Victor Pahvitse — BIRTHPLACE: Fort Hall, Idaho
14. MOTHER'S MAIDEN NAME: Martha LeClere — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO. *****
17. INFORMANT'S OWN SIGNATURE: Personal Records — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metabolic Imbalance — INTERVAL BETWEEN ONSET AND DEATH: 5

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Yellow Atrophy of Liver
DUE TO (c) Severe Nephritis.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from 19 to 19, that I last saw the deceased Dead on March 5, 1967, and that death occurred at about 9 p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Gwyn H. John 583 — (Degree or title) Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: March 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cedars Cemetery
24d. LOCATION (City, town, or county) (State): Bannock County Idaho

DATE REC'D BY LOCAL REG.: 3-9-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO. E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1010
Local Reg. No. 79
Reg. Dist. No. 510

BIRTH NO. 67-2053

RECEIVED MAR 27 1967 CCD Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 142 Topence

3. NAME OF DECEASED (Type or Print)
a. (First) HOPE
b. (Middle) D18
c. (Last) SAASTAMOINEN

4. DATE OF DEATH (Month) (Day) (Year) March 6, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH March 5, 1967

9. AGE (In years last birthday) — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours 19 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02

10b. KIND OF BUSINESS OR INDUSTRY xxxxx

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Arthur Saastamoinen — BIRTHPLACE Mont.

14. MOTHER'S MAIDEN NAME Leah May Jessen — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXX

16. SOCIAL SECURITY NO. XXXX

17. INFORMANT'S OWN SIGNATURE R. G. Saastamoinen — ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Meconium aspiration — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Pocatello

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 March 1967 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 March, 1967, *to* 6 March, 1967, *that I last saw the deceased alive on* 6 March, 1967, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Donald B. Cobb, M.D. 737 — **23b. ADDRESS** 527 So 12th Pocatello — **23c. DATE SIGNED** 20 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** Mar. 11, 1967 — **24c. NAME OF CEMETERY OR CREMATORY** Price Cemetery — **24d. LOCATION** (City, town, or county) (State) Price, Utah

DATE REC'D BY LOCAL REG. 3-24-67 — REGISTRAR'S SIGNATURE Maureen Schelske, Deputy

25. EMBALMER Conway Grant — LICENSE NO. E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-2053

Certificate of Death

STATE OF IDAHO

State File No. 1011
Local Reg. No.
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 260 South Third Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 260 South Third Avenue

3. NAME OF DECEASED (Type or Print): a. (First) TAKUJI b. (Middle) c. (Last) AKIYAMA

4. DATE OF DEATH: March 7 1967

5. SEX: Male

6. COLOR OR RACE: Japanese

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 18, 1899

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Apartment Owner 30

10b. KIND OF BUSINESS OR INDUSTRY: Apartments

11. BIRTHPLACE (State or foreign country): Okayama Japan

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Choemon Akiyama
BIRTHPLACE: Japan

14. MOTHER'S MAIDEN NAME: Cho (unknown)
BIRTHPLACE: Japan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ****

16. SOCIAL SECURITY NO.: 519-44-1074

17. INFORMANT'S OWN SIGNATURE: Tsuyano Akiyama ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ~~March 7, 1967~~ *to* ~~March 7, 1967~~, *that I last saw the deceased* ~~dead~~ *alive on* March 7, 1967, *and that death occurred at* about 8 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton Robb 583 (Degree or title): Bannock County Coroner
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 9, '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-14-67
REGISTRAR'S SIGNATURE: Daisy Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349
FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under DEC 28 1967 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1012
Local Reg. No. 80
Reg. Dist. No. 5-a

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 219 South 20th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) CORNELIA
b. (Middle) 018
c. (Last) DAMEWOOD

4. DATE OF DEATH (Month) March (Day) 8 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 21, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: Isaac Laswell — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Grace Dodge — BIRTHPLACE: Kentucky
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: *****
17. INFORMANT'S OWN SIGNATURE: Cornelia D. Parker — ADDRESS: Pocatello, Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Insuf — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Embolus? — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Pocatello Bannock Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19___, *to* March 8, 19 67, *that I last saw the deceased alive on* March 8, 19 67, *and that death occurred at* 3:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R P Howard MD 248
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 15, '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG. MAR 27 1967
REGISTRAR'S SIGNATURE: Maureen Ackelson, Deputy
25. EMBALMER: Jack Henchmon
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

...al Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...nswered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 5 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1013
Local Reg. No. 16
Reg. Dist. No. 570

RECEIVED MAR 1 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 005 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock 005
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 252 North 9th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	P.	JENSEN	March 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	June 10, 1880	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer and Naval Ord. Plant		Weston, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Soren Jensen	04	Boletta	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Barbara Allick	1450 Dine Drive, Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral hypostatic Pneumonia	2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis, Heart Disease	several years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.		

4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] M.D. Lic. 248	[illegible]	3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 11, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-14-67	Nancy Kellogg	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 6 1967

AUG 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1014
Local Reg. No. 77
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) Rte. 1, South

3. NAME OF DECEASED (Type or Print)
a. (First) ELOUISE
b. (Middle) C 294
c. (Last) DILLON

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 11, 1893
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Warren E. Wood — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Christine — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs E. F. Smith — ADDRESS Pocatello Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Non

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1965 *to* 9 mar, 1967, *that I last saw the deceased alive on* 8 mar, 1967, *and that death occurred at* 11:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE R. G. Marshall 13 (Degree or title) M.D.
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 3-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. 3-13-67
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER John P. Gromm — LICENSE NO. E292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1015
Local Reg. No. 81
Reg. Dist. No. 510

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 231
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Community Hosp.
d. STREET ADDRESS (If rural, give location): 1306 East Lewis

3. NAME OF DECEASED (Type or Print)
a. (First): YVONNE
b. (Middle): D.
c. (Last): GIRARD

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 7, 1897

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): New Hampshire

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert J. Desfosses
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Marie Bechard
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: J A. Girard
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease, Cardiac enlargement Auricular Fibrillation, & Chronic Cardiac decompensation + Hydrothorax

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 3-15-, 1967, *that I last saw the deceased alive on* 3-[illegible]-, 1967, *and that death occurred at* 7 [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller MD

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 3-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-17-67

24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE: Maureen Scheske, Deputy

25. EMBALMER: John P. Gorn

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 14 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 22 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

State File No. 1016
Local Reg. No. 85
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARION	JOSEPH	BELL	March 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Dec. 21, 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School bus driver & mail carrier		Dempsey, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Bell	Franklin, Idaho	Effie Avery	Central, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX	518 05 9049	Vernal F. Bell	Lava Hot Sp.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypertensive Cardio Renal Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia (Severe)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1956, *to* Mar 6, 1967, *that I last saw the deceased alive on* Mar 6, 1967, *and that death occurred at* 3:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Downey Idaho	3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 20, 1967	Lava Hot Springs Cem.	Lava Hot Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-31-67	Maureen Schulska, Deputy	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 4 1967

APR 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1017
Local Reg. No. 82
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 531 No. 11th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): R 018
c. (Last): SCHIFFMAN

4. DATE OF DEATH (Month) (Day) (Year): March 17 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 6, 1918
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William C. Schiffman — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Clara Moreland — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 519-05-9035
17. INFORMANT'S OWN SIGNATURE: Mrs W. R. Schiffman — ADDRESS:

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: approx 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 17, 1967, *to* March 17, 1967, *that I last saw the deceased alive on* March 17, 1967, *and that death occurred at* p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 101 J. E. Comstock, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mount Moriah
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 3-22-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: George W. Knoth
LICENSE NO.: 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 14 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 22 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1018
Local Reg. No. 84
Reg. Dist. No. 510

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 APR 3 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 536 South 4th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): H. 294
c. (Last): BARNETT

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: Oct. 19, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Simplot's Dehydrating Plant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Thayne, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Higbee 06
BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret A. Cherry
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): 518 22 4252A 4500
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Hazel A. Phelps
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1966, *to* 17 Mar, 1967, *that I last saw the deceased alive on* 16 Mar, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 113 MD
23b. ADDRESS: Pocatello Ida
23c. DATE SIGNED: Mar 17 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 3 1967
Bureau of Vital Statistics

State File No. 1019
Local Reg. No. 86
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 025 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): — — — —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA--St. Anthony Hosp. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 025
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 512 W. Carter St.

3. NAME OF DECEASED (Type or Print): a. (First) CARMEN; b. (Middle); c. (Last) MARIANO

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug 20, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pipefitter 10	Railroad	Cumberland, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Vincent Mariano	Italy	Pasquelina Gates	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	712-03-4881	Loretta Mariano Pocatello Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8164

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fract. Cervical Vertebrae - Fract Skull, basal & vault. Fractures

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of facial bones
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	County Road 76	030 Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
3 25 67 4:35 p.m.		Two car accident. Thrown from car

22. *I hereby certify that I attended the deceased from* ——, 19—— *to* ——, 19——, *that I ~~last~~ saw the deceased alive on* 3 25, 1967, *and that death occurred at* 4:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton M. Kelly 583 Coroner	Bannock Co Idaho	3-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 29, 1967	Mountainview	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-29-67	Maureen Schelske, Deputy	Georgene Knoll	409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 27 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1020
Local Reg. No. 85
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — APR 3 1967 — 4-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 14 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1228 North Hayes

3. NAME OF DECEASED (Type or Print): a. (First) MARY — b. (Middle) IRENE — c. (Last) DYE

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Mar. 23, 1904

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hyrum Parley Johnsen — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Elizabeth Chapman — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Odell L. Dye — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: 14 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto-Pedestrian Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello 03 — Bannock — Idaho

21d. TIME OF INJURY: (Month) 3 (Day) 24 (Year) 67 (Hour) 2000
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Struck by Automobile

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 3-25, 1967, *that I last saw the deceased alive on* 3-25, 1967, *and that death occurred at* 10:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.J.Sharp, M.D. 465 — **23b. ADDRESS**: 5th & Center, Pocatello, Idaho — **23c. DATE SIGNED**: 3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar.28,1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Firth Cemetery — **24d. LOCATION** (City, town, or county) (State): Firth, Idaho

DATE REC'D BY LOCAL REG.: 3-31-67 — **REGISTRAR'S SIGNATURE**: Maureen Schelske, Deputy

25. EMBALMER: Conway Grant — **LICENSE NO.**: E-478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1021
Local Reg. No. 83
Reg. Dist. No. 5-1

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock (03)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): DOC
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock county Jail 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham (025)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Fort Hall
d. STREET ADDRESS (If rural, give location): Sambo road (Ft Hall reservation)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Darrell	Edgar	Evening	March 26 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Indian	never married	June 11, 1949	17				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 63	High School	Pocatello, Idaho	U.S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Evening	Ft. Hall, Idaho	Inez Mink	Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Ft. Hall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9747 Strangulation - by hanging — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	Bannock County Jail	Pocatello 03	Bannock	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY occur?
2 m.	WHILE AT WORK [ ] NOT WHILE AT WORK [XX]	

22. *I hereby certify that I attended the deceased* ~~from~~ March 26, 19 67, ~~to xxxxxxxxxxxxx, 19xxx, that I last saw the deceased alive on xxxxxxxxxxxxxxxxxx~~, *and that death occurred at* 1:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton W. Gibbs 583	Coroner, Bannock county	Pocatello, Idaho	March 31, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 31, 1967	Ross Fork Cree Cemetery	Ft. Hall reservation, Idah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Lucy Kenny	C. Glenn Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1022
Local Reg. No. 87
Reg. Dist. No. 511

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 031 Bannock APR 3 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCammon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CLAYTON
b. (Middle) 018
c. (Last) LEW

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 6, 1953
9. AGE (In years last birthday): 13 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 09
10b. KIND OF BUSINESS OR INDUSTRY: Public school
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Frank Lew — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Elizabeth Pursley — BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO. XXX
17. INFORMANT'S OWN SIGNATURE: Frank Lew — ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruf. appendix c̄ abd abscess

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Toxic shock c̄

DUE TO (c) CNS failure & pneumonia

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 3/18/67
19b. MAJOR FINDINGS OF OPERATION: Ruf. appendix c̄ abscess
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/17/67, 19__, *to* 3/26, 1967, *that I last saw the deceased alive on* 3/26, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD 185
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 3-30-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant — LICENSE NO. E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 17 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1023
Local Reg. No. 87
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 132 Oriole

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) RICHARD 018
c. (Last) CROTTS JR.

4. DATE OF DEATH (Month) (Day) (Year) March 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 31, 1939	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Idaho Fish and Poultry Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George R. Crotts — BIRTHPLACE: Pocatello
14. MOTHER'S MAIDEN NAME: Theda A. McCurdy — BIRTHPLACE: Pocatello

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Dona W. Crotts — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mesenteric Appendicies Epiploicae

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-28-67	See #II of #18	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-28, 1967, *to* 3-28, 1967, *that I last saw the deceased alive on* 3-28, 1967, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jay P. Merkley 354	MD	Pocatello, Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 31, 1967	CloverDale Mem Gardens	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-4-67	Lucy Kellogg	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 1 1 1967

APR 1 8 1967

APR 1 5 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1024
Local Reg. No. 97
Reg. Dist. No. 570

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 527 West Benton Street

3. NAME OF DECEASED (Type or Print): a. (First) HARVEY; b. (Middle) A. 019; c. (Last) McDANIEL

4. DATE OF DEATH: (Month) March (Day) 29 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 15, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 10
10b. KIND OF BUSINESS OR INDUSTRY: Union Pcaific R. R.
11. BIRTHPLACE (State or foreign country): Brown County Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John R. McDaniel — BIRTHPLACE: (no data)
14. MOTHER'S MAIDEN NAME: Myra Auxier — BIRTHPLACE: (no data)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 712-07-6781
17. INFORMANT'S OWN SIGNATURE: Irene M. McDaniel — ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1810 Cancer of the bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 Year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 4 1967
19b. MAJOR FINDINGS OF OPERATION: Cancer of the bladder with metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 4, 1967, *to* March 29, 1967, *that I last saw the deceased alive on* March 29, 19 67 *and that death occurred at* 8:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Groom (Degree or title) 190
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Mar. 31, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 4-4-67
REGISTRAR'S SIGNATURE: Lucy Keeney
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 27, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1025
Local Reg. No. 90
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Bannock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 416 North 11th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edwin	Harry	Puckett	March 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 1, 1892	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	N. O. P.	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Walter Puckett	Kansas	Elizabeth Donn	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Edwin D. Puckett	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 8-7, 19 66, *to* 3-29, 19 67, *that I last saw the deceased alive on* 3-29, 19 67, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sydney A. Horrocks, M.D. 733	Center Plaza, Pocatello, Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 1, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-4-67	Sally Kellogg	Conway Grant	E478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

5-11-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed April 10, 1967

The undersigned does solemnly swear that certain facts in the certificate of Death (Birth or Death)

for Edwin Harry Pcukett (Puckett) (Name on Original Certificate) who died (Was Born or Died) on March 29, 1967 (Date of Event)

in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 14	Dawn	Donn

Subscribed and sworn to before me this 9th day of June, 1967

Phyllis B. Grant

Notary Public, residing at Pocatello, Idaho

My commission expires March, 1968

(Seal)

Signed Emma S. Puckett

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

416 No Clementh Poca Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 9th day of June, 1967

Phyllis B. Grant

Notary Public, residing at Pocatello, Idaho

My commission expires March, 1968

(Seal)

Signed [signature]

(Signature of Any Credible Person)

20 No 12th Pocatello, Ida.

(Street Address, City, State)

FORM DH 60-155

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1025
Local Reg. No. 96
Reg. Dist. No. 510

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO. -

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 416 North 11th Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWIN	HARRY	PUCKETT	March 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Jan. 1, 1892	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist	N.O.P.	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Walter Puckett	Kansas	Elizabeth Dawn	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Edwin L. Puckett	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 8-7, 1966, *to* 3-29, 1967, *that I last saw the deceased alive on* 3-29, 1967, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sydney A. Hancock MD	Center Plaza, Pocatello Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 1, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-4-67	Larry Kellogg	Conway Hunt	E-478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1026
Local Reg. No. 93
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-2094

RECEIVED APR 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Bannock 031 3-15	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello c. LENGTH OF STAY (In this place): 15 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello--Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hosp.	d. STREET ADDRESS (If rural, give location): Rte. 2, North--Box 11

3. NAME OF DECEASED (Type or Print)	a. (First): DEENA	b. (Middle): MARIE 019	c. (Last): WORLEY	4. DATE OF DEATH (Month) (Day) (Year): March 30 1967
5. SEX: Female	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married	8. DATE OF BIRTH: Mar. 15, 1967	9. AGE (In years last birthday): -- IF UNDER 1 YEAR Months: -- Days: 15 IF UNDER 24 HRS. Hours: Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02	10b. KIND OF BUSINESS OR INDUSTRY: ----	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: W. Dean Worley	BIRTHPLACE: Idaho	14. MOTHER'S MAIDEN NAME: Dorothy Lee Anthony	BIRTHPLACE: Oregon	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: None	17. INFORMANT'S OWN SIGNATURE: W. Dean Worley	ADDRESS: Pocatello, Idaho	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7680

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Sepsis Neonatorum & pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 15, 1967, *to* Mar 30, 1967, *that I last saw the deceased alive on* Mar 30, 1967, *and that death occurred at* 1401 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD. 067	23b. ADDRESS: 527 S. 12th	23c. DATE SIGNED: 3-31-67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Apr 1, 1967	24c. NAME OF CEMETERY OR CREMATORY: Mountainview	24d. LOCATION (City, town, or county) (State): Pocatello Idaho
DATE REC'D BY LOCAL REG.: 4-4-67	REGISTRAR'S SIGNATURE: Dolly Kellogg	25. EMBALMER: George W. Knopp	LICENSE NO.: 409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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0-67-2094

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
MAR 22 1967
Division of Vital Statistics

STATE OF IDAHO

State File No. 1027
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Oscar b. (Middle) Lando 024 c. (Last) Booth

4. DATE OF DEATH (Month) (Day) (Year) Mar. 9 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH July 27 1882
9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mosiah Booth BIRTHPLACE Mo.
14. MOTHER'S MAIDEN NAME Ambrosine Hibbard BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 442
16. SOCIAL SECURITY NO. 518-09-8915A
17. INFORMANT'S OWN SIGNATURE Ralph Booth ADDRESS St. Charles Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiovascular Renal — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-8-67
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov., 1963, *to* March 9, 1967, *that I last saw the deceased alive on* March 9, 1967, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 439 [signature] (Degree or title) MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 11 1967
24c. NAME OF CEMETERY OR CREMATORY St Charles Cemetery
24d. LOCATION (City, town, or county) (State) St Charles Idaho

DATE REC'D BY LOCAL REG. 3-14-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinski
25. FUNERAL DIRECTOR Nile Matthews ADDRESS Montpelier Idaho
Matthews Mortuary E359

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1028
Local Reg. No.
Reg. Dist. No. 552

RECEIVED MAR 22 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dingle, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dingle, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Richard S.		Bird	Mar. 10. 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	July 14, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheep Shearing & Trapping		Dingle Idaho	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Bird	England	Maryann Sparks	Ft. Harrison Vt.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-60-1696	Orrilla E Bird	Montpelier Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: over 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Brain tumor inoperable 20 yrs — 20 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12 July, 1963, *to* 25 Feb, 1967, *that I last saw the deceased alive on* 25 Feb, 1967, *and that death occurred at* 8:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. F. Landers MD	Montpelier, Idaho	16 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 14. 1967	Dingle Cemetery	Dingle Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/20/67	Mrs Ruby Gontenek	Nile Matthews	E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1029
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Katherine
b. (Middle) Barbara 024
c. (Last) Sizemore

4. DATE OF DEATH (Month) (Day) (Year) Mar. 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 6, 1895
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Meadowville, Utah
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME Fridolin Elber BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Louisa Kagi BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 444X
16. SOCIAL SECURITY NO. 519-40-3504B
17. INFORMANT'S OWN SIGNATURE Daniel T. Sizemore ADDRESS Georgetown Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Bronchial Shock — INTERVAL BETWEEN ONSET AND DEATH Tab

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiopathy — 7 yrs
DUE TO (c) Hypertension — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ___, 19 61, *to* 18 Mar, 19 67, *that I last saw the deceased alive on* 18 Mar, 19 67, *and that death occurred at* 6:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD 458
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
24d. LOCATION (City, town, or county) Georgetown (State) Idaho

DATE REC'D BY LOCAL REG. 3/23/67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E 359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 15 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1030
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY 040 Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paris, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Cynthia b. (Middle) Lena 024 c. (Last) Fox
4. DATE OF DEATH (Month) (Day) (Year) Mar. 12, 1967
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 11, 1889
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY U.S.A.
13. FATHER'S NAME Charles Crawford La Porte Ind. BIRTHPLACE
14. MOTHER'S MAIDEN NAME Annie Eastman Mexico Maine BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 529-07-9884
17. INFORMANT'S OWN SIGNATURE Mrs C. F. Goebel ADDRESS Paris, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9030

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fr. Fractured Rt. Hip — 4½ mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3-14-67
19b. MAJOR FINDINGS OF OPERATION Physical Examination
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Paris, Bear Lake, Idaho 040
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 21, 1966 *to* Mar 12, 1967, *that I last saw the deceased alive on* Mar 12, 1967, *and that death occurred at* 8:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE Fred Rich (Degree or title) 439 MD
23b. ADDRESS Montpelier Ida
23c. DATE SIGNED 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-15-67
24c. NAME OF CEMETERY OR CREMATORY Paris Cemetery
24d. LOCATION (City, town, or county) Paris (State) Idaho

DATE REC'D BY LOCAL REG. 3-14-69
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinski
25. EMBALMER Nile Matthews LICENSE NO. E-359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 23 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1031
Local Reg. No. 7
Reg. Dist. No. 130

Certificate of Death

RECEIVED MAR 13 1967 Bureau of Vital Stat.

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 150 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah 050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DeSmet
d. STREET ADDRESS (If rural, give location): --

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Susan 025
c. (Last): George

4. DATE OF DEATH (Month) (Day) (Year): March 6 1967

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 23, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gregory — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Donald H George — ADDRESS: Tensed Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerosis — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1967, *to* 3-6, 1967, *that I last saw the deceased alive on* 3-6, 1967, *and that death occurred at* 12:06 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Thornton MD 533
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Mission C.
24d. LOCATION (City, town, or county): DeSmet — (State): Idaho

DATE REC'D BY LOCAL REG.: 3-7-67
REGISTRAR'S SIGNATURE: Nanda Dimico
25. EMBALMER: David A. Hansen
LICENSE NO.: E-510

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1032
Local Reg. No. 10
Reg. Dist. No. 130

BIRTH NO.

RECEIVED MAR 2 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 3-15
b. CITY OR TOWN St. Maries
c. LENGTH OF STAY (in this place) 75 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 217 13th. Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 217 13th. Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Julia	Sylvia	Davis	March	10	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	June 11, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Domestic	Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis N. Robbins	New York	Ellen M. Shattuck	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	517-05-1299	Miss Sara Levine	217-13th St. St. Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	30 min
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	Unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Hypertension	6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan –, 1965, *to* 3-10, 1967, *that I last saw the deceased alive on* 3-10, 1967, *and that death occurred at* 11:55 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. O. Runston 533 MD	St. Maries, Idaho	3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/14/1967	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-14-67	Wanda Simms	David A. Hansen	E-510

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1033
Local Reg. No. 9
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 250 Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): 431 9th. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Fred
b. (Middle): —
c. (Last): Berglund

4. DATE OF DEATH (Month) (Day) (Year): March 10 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: October 12, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Johan Berglund — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Margeureta K Larson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-34-5549
17. INFORMANT'S OWN SIGNATURE: Mrs Fred Berglund — ADDRESS: St. Maries

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* 3-10, 1967, *that I last saw the deceased alive on* 3-10, 1967, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. O. Thurston 533 MD
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 3-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/13/1967
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 3-14-67
REGISTRAR'S SIGNATURE: Wanda Dimico
25. EMBALMER: David O. Hansen — LICENSE NO.: E-510

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1034
Local Reg. No. 12
Reg. Dist. No. 130

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Benewah 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (in this place): 4 Weeks

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Route 3 St. Maries - Rural

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Joseph 025
c. (Last): Rapp

4. DATE OF DEATH: (Month) March (Day) 27 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: December 22, 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpentry 21

10b. KIND OF BUSINESS OR INDUSTRY: builder

11. BIRTHPLACE (State or foreign country): New York

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: George Rapp
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Catherine Kern
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 063-03-9758

17. INFORMANT'S OWN SIGNATURE: B. A. Rapp M.D
ADDRESS: St. Maries

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 3 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral thrombosis — 17 mos.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1965, *to* Mar 27, 1967, *that I last saw the deceased alive on* Mar 27, 1967, *and that death occurred at* 8:05 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. A. Rapp M.D. 428

23b. ADDRESS: St. Maries, Idaho

23c. DATE SIGNED: 3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/30/1967

24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery

24d. LOCATION (City, town, or county) (State): St. Maries, Idaho

DATE REC'D BY LOCAL REG.: 3-28-67

REGISTRAR'S SIGNATURE: Wanda Dimico

25. EMBALMER: Gerald Browning

LICENSE NO.: E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1035
Local Reg. No. 13
Reg. Dist. No. 130

RECEIVED
APR 1 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
LENGTH OF STAY (in this place): 15 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (St. Maries)
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	J.	Lyon	March 28 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	February 14, 1892	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
High Voltage Lineman	Power Utilities	Oklahoma	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-28-9272	Pauline Woodbury	St. Maries, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-20, 1967, *to* 3-28, 1967, *that I last saw the deceased alive on* 3-27, 1967, *and that death occurred at* 5 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. D. Thomson 533	MD	St. Maries Idaho	3-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-31-1967	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-31-67	Wanda Dimick	Everett Browning	E-477

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1036
Local Reg. No. 23
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham MAR 1 4 1967
b. CITY OR TOWN (If outside limits, write RURAL and give Township): Rural Blackfoot
c. LENGTH OF STAY: Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence - Little Indian Cr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Little Indian Cr. Ft. Hall Res.

3. NAME OF DECEASED (Type or Print): a. (First) Janice; b. (Middle) 000; c. (Last) Mamashoup

4. DATE OF DEATH: (Month) March (Day) 2, (Year) 1967

5. SEX: female

6. COLOR OR RACE: Am. Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Nov. 14, 1950

9. AGE (In years last birthday): 16 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Former Student 03

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ira Mamashoup — BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Iva Ingawanup — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Iva Mamashoup — ADDRESS: Blf't., Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hanging by rope
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): /

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-2-67 6:45P.M.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see deceased alive, *19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl Hatch 583 — (Degree or title): Coroner

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 3-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-6-67

24c. NAME OF CEMETERY OR CREMATORY: Lincoln Creek Cemetery

24d. LOCATION (City, town, or county) (State): Ft. Hall Reservation Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: March 9, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham — LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1037
Local Reg. No. 26
Reg. Dist. No. 601

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

*BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 060 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Freeman; b. (Middle); c. (Last) Pack

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Whiete

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): M Married

8. DATE OF BIRTH: Nov 28 1896

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 27

10b. KIND OF BUSINESS OR INDUSTRY: Trucking

11. BIRTHPLACE (State or foreign country): Garrison Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Rufus Pack
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Mary Tolbert
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-36-5861

17. INFORMANT'S OWN SIGNATURE: Edna V. Pack
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4500 Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 339 (Degree or title)

23b. ADDRESS: Shelley Idaho

23c. DATE SIGNED: 3/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 7, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: March 9, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: L.M. Nalder

LICENSE NO.: E275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Nalder Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1038
Local Reg. No. 22
Reg. Dist. No. 600

RECEIVED
MAR 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 161 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 161 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 66 North Pine Street

3. NAME OF DECEASED (Type or Print)
a. (First): Flora
b. (Middle): 029
c. (Last): Bond

4. DATE OF DEATH: March 4, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: October 24, 1881

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR — Months: 4 Days: 10
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & School teacher

10b. KIND OF BUSINESS OR INDUSTRY: Home & School

11. BIRTHPLACE (State or foreign country): Chippewa Falls, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herbert Southworth 01
BIRTHPLACE: Colton, New York

14. MOTHER'S MAIDEN NAME: Adelaide Kimball
BIRTHPLACE: Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-42-7693

17. INFORMANT'S OWN SIGNATURE: Hazel S. Kemper
ADDRESS: Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): C.V.A. Cerebral Vascular Accident
Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. E. Miller, Jr. (Degree or title): M.D.
A. E. Miller Jr 361
23b. ADDRESS: 9 Airport Road, Blackfoot, Idaho
23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-67
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: March 9, 1967
REGISTRAR'S SIGNATURE: Dorothy G. Jones
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1039
Local Reg. No. 30
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 061 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham county jail 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 060 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall (Rural)
d. STREET ADDRESS (If rural, give location) Fort Hall Reservation

3. NAME OF DECEASED (Type or Print): a. (First) DELSIA b. (Middle) ANNA c. (Last) NAGASHOAH

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967

5. SEX: female

6. COLOR OR RACE: Am. Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 3, 1947

9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joe Nagashoah — BIRTHPLACE: Fort Hall, Idaho

14. MOTHER'S MAIDEN NAME: Lucille Pocatello — BIRTHPLACE: Fort Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Joe Nagashoah — ADDRESS: Fort Hall, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hanging

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00

21c. (CITY, TOWN, OR TOWNSHIP) Blackfoot 061 (COUNTY) Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 4, 19 67, *to* ~~xxxx

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1040
Local Reg. No. 29
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of Vital Statistics 3-14

1. PLACE OF DEATH
a. COUNTY 06/Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 06/Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 20 West Center

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA	L.	ABTER	March	6	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	November 7, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	Home	Provo, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lars D. Larsen	Unknown	Elisa Johnson	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Earven J. Abter	Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Thrombosis	2 mos
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cardiac decompensation	10 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ?, 1950, *to* March 6, 1967, *that I last saw the deceased alive on* March 6, 1967, *and that death occurred at* 7:00a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	March 7, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 9, 1967	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 17, 1967	Dorothy J. Jones	[signature]	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 3 0 2007

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1041
Local Reg. No. 31
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of Vitals

1. PLACE OF DEATH
a. COUNTY 06 / Bingham
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham memorial hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 06 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTIAN b. (Middle) M. c. (Last) JENSEN
4. DATE OF DEATH (Month) (Day) (Year) March 7, 1967
5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH May 8, 1887
9. AGE (In years last birthday) 80 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Thogstrup, Denmark
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME Jens C. Jensen — BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Christina — BIRTHPLACE Denmark
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-03-0022
17. INFORMANT'S OWN SIGNATURE Mrs. James W. Jensen — ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart dis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Lower gastrointestinal bleeding — 1 day

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 3, 19 67, *to* March 7, 19 67, *that I last saw the deceased alive on* March 7, 19 67, *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Miller Jr (Degree or title) 361 M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED March 10, 67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE March 11, 67
24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas cemetery
24d. LOCATION (City, town, or county) (State) Bingham county, Idaho

DATE REC'D BY LOCAL REG. March 21, 1967
REGISTRAR'S SIGNATURE Dorothy Jo Jones
25. EMBALMER E. Dean Hill
LICENSE NO. E-466
FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 23 1967 Bureau of Vital Statistics

State File No. 1042
Local Reg. No. 28
Reg. Dist. No. 600

BIRTH NO. 3-14

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 6/ Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: California 05
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lake Tahoe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) 029 c. (Last) D'ORR ALLPHIN

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 divorced

8. DATE OF BIRTH: October 23, 1903

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Restaurant

11. BIRTHPLACE (State or foreign country): Montpelier, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Allphin — BIRTHPLACE: Panguitch, Utah

14. MOTHER'S MAIDEN NAME: Emily Judd — BIRTHPLACE: St. George, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-9967

17. INFORMANT'S OWN SIGNATURE: Susan McCune — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Dec, 1966, *to* March 9, 19 67, *that I last saw the deceased alive on* March 9, 19 67, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter D Hoge 234 — (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: March 10, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 14, 1967

24c. NAME OF CEMETERY OR CREMATORY: Groveland cemetery

24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: Mar. 17, 1967

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: [signature] — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1043
Local Reg. No. 35
Reg. Dist. No. 600

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

APR 1 2 1967 2-02

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF RESIDENCE (In this place): 2mo 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 031 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 939 Yellowstone

3. NAME OF DECEASED (Type or Print)
a. (First): EDNA
b. (Middle): A.
c. (Last): DAVIS

4. DATE OF DEATH (Month) (Day) (Year): March 19 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Married
8. DATE OF BIRTH: October 27 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chester Loveland — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Mary Louise Davidson — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

463X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Pulmonary arterial embolism — INTERVAL BETWEEN ONSET AND DEATH: within 24 hrs.
Cerebral arterial embolism — within 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mural thrombi of heart — 2 days
Previous thrombophlebitis of right leg — 30 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(Generalized arteriosclerosis)
Cerebral and coronary arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 18 January, 1967, *to* 19 March, 1967, *that I last saw the deceased alive on* 19 March, 1967, *and that death occurred at* 9:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. P. Stillinger MD 594
23b. ADDRESS: State Hospital South, Blackfoot, Idaho
23c. DATE SIGNED: 23 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 22, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 3/29/67
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 1 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 2 1978

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1044
Local Reg. No. 10
Reg. Dist. No. 500-602

RECEIVED
APR 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): (DOA Power County Hospital)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLOTTE
b. (Middle): MAE 000
c. (Last): KENDALL

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 23, 1924
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months 3, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Missoula, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert N. Beavers — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Ruth Irene Monroe — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-7188
17. INFORMANT'S OWN SIGNATURE: La Mae B. Kendall — ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Thrombosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Aberdeen Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1967 *, 19*__*, that I last saw the deceased alive on* Ida 19__ *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Stiley 583 Coroner 4
23b. ADDRESS: 321 E Walker Blackfoot
23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem&Burial 3
24b. DATE: 3-24-67
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: 4-3-67
REGISTRAR'S SIGNATURE: Callem Hadfield
25. EMBALMER: H. L. Davis — LICENSE NO.: E-253

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1045
Local Reg. No. 34
Reg. Dist. No. 601

RECEIVED
APR 1 2 1967
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Firth)
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 060
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Firth)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) SAM b. (Middle) H. c. (Last) MORRIS

4. DATE OF DEATH (Month) (Day) (Year): March 31 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 26 1954

9. AGE (In years last birthday): 12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 6903

10b. KIND OF BUSINESS OR INDUSTRY: Education

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gordon Morris
BIRTHPLACE: Blackfoot, Idaho

14. MOTHER'S MAIDEN NAME: Martha Hennefer
BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Landon Morris
ADDRESS: Firth, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9360

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rope tightening around neck

DUE TO (c) When fell from bunk bed

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm home CJ

21c. (CITY, TOWN, OR TOWNSHIP) Rt 1 Blackfoot (COUNTY) 061 Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 31, *1967, ~~xxxx

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1046
Local Reg. No. 17
Reg. Dist. No. 500-602

RECEIVED
APR 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham C60 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ½ Mile East Aberdeen 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham C67
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1049 West Bridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WILLIAM	C.	BURT	March 31, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	July 12, 1925	41	8	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 01		Oregon City, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos L. Burt	Gladbrook, Iowa	Florence Cox	Sweet, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW2 4	519-26-4085	Mrs Amos Burt	Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete distruction of Brain — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rifle bullet thru skull
DUE TO (c) Self inflicted

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide 2	Near Aberdeen	060 Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3 31 67 2PM 2	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* [illegible], 19___, *that I last saw the deceased alive on* April 1, 19 67, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley 583 Coroner	321 E. Walker	4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	4-4-67	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-8-67	Collene Hatfield	Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name, in addition to giving the source of information.

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1047
Local Reg. No. 9
Reg. Dist. No. 410

Certificate of Death

RECEIVED MAR 27 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 070 Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): DOROTHEA
b. (Middle):
c. (Last): HuGHES

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 10, 1925
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Portland, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald Maxwell — BIRTHPLACE: Crawfordville, Ind
14. MOTHER'S MAIDEN NAME: Emma B. Knight — BIRTHPLACE: TerreHaute, Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 543-20-4019
17. INFORMANT'S OWN SIGNATURE: [illegible] — ADDRESS: Ketchum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1750 Carcinoma of Ovary — INTERVAL BETWEEN ONSET AND DEATH: 9 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: July 1966
19b. MAJOR FINDINGS OF OPERATION: As above
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* death, 19__, *that I last saw the deceased alive on* 2 March, 1967, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 151 MD
23b. ADDRESS: Sun Valley
23c. DATE SIGNED: 3/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/67
24c. NAME OF CEMETERY OR CREMATORY: Ketchum Cemetery
24d. LOCATION (City, town, or county) (State): Ketchum, Idaho

DATE REC'D BY LOCAL REG.: Mch 18-67
REGISTRAR'S SIGNATURE: Robert H. Wright per [illegible]
25. EMBALMER: [illegible]
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: [illegible]

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1967

JUN 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1048
Local Reg. No. 8
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 070 Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine County Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Howe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIS
b. (Middle): RANSON
c. (Last): NEWBY

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 18, 1914
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months 3, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Herbert, Idaho Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nicholos Newby — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lorinda Barber — BIRTHPLACE: Shelley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Mo
16. SOCIAL SECURITY NO.: 712-07-9837
17. INFORMANT'S OWN SIGNATURE: X Katherine L. Newby — ADDRESS: Howe, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of lung unknown type — INTERVAL BETWEEN ONSET AND DEATH: Several mos. known

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Not Known.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Severe pulmonary + cardiac Decompensation — 48 HRS.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-4, 1967, *to* 3-6, 1967, *that I last saw the deceased alive on* 3-5, 1967, *and that death occurred at* 2:30 9 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alderman 402 Parker Rd
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-8-1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: Mch 7-67
REGISTRAR'S SIGNATURE: Robert H. Wright for C.B.W.
25. EMBALMER: Francis M. Bergin — LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAR 27 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1049
Local Reg. No. 10
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 — 3-05
b. CITY OR TOWN: Sun Valley — STATISTICAL OF STAY (in this place): 5 dys
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: 070 Blaine
c. CITY OR TOWN: Hailey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GARNETT	DEWEY	REMBER	March 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	March 4, 1898	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Garnett, Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Tierney	Irland	Minnie Calkins	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-18-0479		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5271 Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture right hip — 2d

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3/6/67		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Home 01	Hailey 070 Blaine Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Mar 6 1967 2 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell

22. *I hereby certify that I attended the deceased from* 3/6, 1967, *to* 3/8, 1967, *that I last saw the deceased alive on* 3/8, 1967, *and that death occurred at* 2 00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Scott Carle MD 583 Coroner	Sun Valley, Idaho	3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	3/11/67	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mch 18-67	Robert H. Wright-per E.B.H.	Keith Bird Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 26 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1050
Local Reg. No. 11
Reg. Dist. No. 410

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 1-13
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
LENGTH OF STAY (in this place): 13 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence, Trail Creek Cabin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location): Trail Creek Cabins

3. NAME OF DECEASED (Type or Print)
a. (First): Frederic
b. (Middle): Gordon 000
c. (Last): Saviers

4. DATE OF DEATH (Month) (Day) (Year): March 11 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: 12-18-1951
9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Denver, Colorado
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: George B. Saviers — BIRTHPLACE: Twin Falls, Idaho
14. MOTHER'S MAIDEN NAME: Pierce — BIRTHPLACE: Sacramento, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: By Phone — ADDRESS: Idaho Box 86, Sun Valley,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4222

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocarditis and left
DUE TO (c) ventricular hypertrophy — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Abe W. Earle MD 583 Coroner 4 (Degree or title)
23b. ADDRESS: Sun Valley Idaho
23c. DATE SIGNED: 3/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/13/67
24c. NAME OF CEMETERY OR CREMATORY: Ketchum Cemetery
24d. LOCATION (City, town, or county) (State): Ketchum, Idaho

DATE REC'D BY LOCAL REG.: Mch 21/67
REGISTRAR'S SIGNATURE: Robert H. Wright per CBW
25. EMBALMER: Keith Bird Keith Bird — LICENSE NO.: E -373
FIRM NAME: Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 8 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 12 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 29 1994

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1051
Local Reg. No. 32
Reg. Dist. No. 110

RECEIVED APR 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 09 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint Burial
c. LENGTH OF STAY (In this place) 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 762

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 04 b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark Fork
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Stewart

4. DATE OF DEATH (Month) March (Day) 9 (Year) 1967

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Unknown 8

8. DATE OF BIRTH April 16, 1884

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY General

11. BIRTHPLACE (State or foreign country) Unknown

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Unobtainable — BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unobtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 538-09-8446

17. INFORMANT'S OWN SIGNATURE Sandpoint Manor records — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 6088 Pyelitis Chronic — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) c Uremia severe — 2 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1963 *to* Present, *that I last saw the deceased alive on* 3-9, 1967, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE L. G. Moon MD 382 (Degree or title)

23b. ADDRESS Sandpoint Ida

23c. DATE SIGNED 3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 15, 1967

24c. NAME OF CEMETERY OR CREMATORY Pinecrest

24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. March 22 1967

REGISTRAR'S SIGNATURE Phyllis G. Tibbetts

25. EMBALMER L. G. Moon, Jr.

LICENSE NO. E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1052
Local Reg. No. 37
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECE APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 07 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 07 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	John	Francis	Carrithers		March	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed 2	Nov. 5, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own Farm	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank M. Carrithers	Indiana	Emma Dell Aller	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	515-01-6582	Mrs. Hazel Noble	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Ventricular Aneurysm	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Large	8 yrs
DUE TO (c)	Coronary Infarct	10 yrs
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1953 *to* Present, 19__, *that I last saw the deceased alive on* Mar 13, 1967, *and that death occurred at* 5:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
383	Sandpoint Ida	3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 16, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 22, 1967	Phyllis M. Willett	Dale C. Coffelt	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1053
Local Reg. No. 33
Reg. Dist. No. 110

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nordman
c. LENGTH OF STAY (in this place): 30 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 090 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nordman
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Emery
b. (Middle): Robert
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): March 14 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec 20 1918
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 17
10b. KIND OF BUSINESS OR INDUSTRY: Logging
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? Usa

13. FATHER'S NAME: Seeley Smith — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Pearl VanBlaricom — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II
16. SOCIAL SECURITY NO.: 519 10 4994
17. INFORMANT'S OWN SIGNATURE: Mrs. Virginia Smith — ADDRESS: Nordman Idaho

260X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Insulin Shock — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes Melitus — 15 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson Coroner 3583 (Degree or title)
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/67
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: March 22, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tilabette
25. EMBALMER: R. D. Sherman — LICENSE NO.: QL749

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sherman Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1054
Local Reg. No. 35
Reg. Dist. No. 110

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 09 Bonner — APR 3 1967 — 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint — LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner Ceneral Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY 09 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) — a. (First) William — b. (Middle) — c. (Last) Wylie

4. DATE OF DEATH — (Month) March — (Day) 15 — (Year) 1967

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH Feb. 20, 1885

9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Telegrapher 10

10b. KIND OF BUSINESS OR INDUSTRY Rail Road

11. BIRTHPLACE (State or foreign country) Scotland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unobtainable — BIRTHPLACE

14. MOTHER'S MAIDEN NAME Unobtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Geo E Ham — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

493 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* July, 1963, *to* March, 1967, *that I last saw the deceased alive on* 3-15, 1967, *and that death occurred at* 10:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) — **23b. ADDRESS** Sandpoint, Idaho — **23c. DATE SIGNED** 3-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial — **24b. DATE** March 17, 1967 — **24c. NAME OF CEMETERY OR CREMATORY** Pinecrest — **24d. LOCATION** (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. March 22, 1967 — **REGISTRAR'S SIGNATURE**

25. EMBALMER Dale C. Coffelt — **LICENSE NO.** E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1055
Local Reg. No. 24
Reg. Dist. No. 110

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Priest River
c. LENGTH OF STAY (in this place) 9 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 090 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Priest River
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Helen b. (Middle) Agnes c. (Last) Kaparich

4. DATE OF DEATH (Month) (Day) (Year) March 16 1967

5. SEX Fe
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Oct 4 1914
9. AGE (In years last birthday) 52 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leon Denton BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Frances Morgan BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 531 44 8715
17. INFORMANT'S OWN SIGNATURE Walter Jr. Kaparich ADDRESS Rt. 4 Newport Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebitis — year.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Rheumatoid Arthritis — years.

4647

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Danny D. Nelson 583 (Degree or title) Coroner
23b. ADDRESS Sandpoint Idaho
23c. DATE SIGNED 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 3/16/67
24c. NAME OF CEMETERY OR CREMATORY Sherman Funeral Home
24d. LOCATION (City, town, or county) Newport (State) Wash.

DATE REC'D BY LOCAL REG. March 22, 1967
REGISTRAR'S SIGNATURE Phyllis G. Tibbetts
25. EMBALMER R. D. Sherman
LICENSE NO. QL749

FIRM NAME: Sherman Funeral Home, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1056
Local Reg. No. 42
Reg. Dist. No. 110

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 021 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 021 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 432 S. Florence

3. NAME OF DECEASED (Type or Print): a. (First) PETER b. (Middle) (NONE) c. (Last) THOMPSON

4. DATE OF DEATH: (Month) (Day) (Year) March 16, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 27, 1878

9. AGE (In years last birthday): 88 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Laborer 10

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Afarnes, Norway

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Thornston S. Thompson BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Unknown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Eleanor Sedam ADDRESS: Sandpoint, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 357X Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Paraplegia & debility — 4 yrs

DUE TO (c) Spinal Cord degeneration — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1958, *to* Present, *that I last saw the deceased alive on* Mar 15, 1967, *and that death occurred at* 8A m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Munson 382 (Degree or title) MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/18/67

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: March 28 1967

REGISTRAR'S SIGNATURE: Faylene G. Roberts

25. EMBALMER: Charles M. Wilson LICENSE NO.: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1057
Local Reg. No. 40
Reg. Dist. No. 110

BIRTH NO.

APR 3 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 191 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 891 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 1007 Lake

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Elmo	William	Kincaid	March	16	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 2	Sept. 12, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	Own Farm	Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Kincaid	Kentucky	Millie Preffer	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	None	[signature] Kincaid	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	4209 Sudden death - Ventricular Fibrillation	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	progressive most yrs
DUE TO (c)	Congestive Failure	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma of Breast	5-7 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov 18, 1951, *to* March 16, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 9:35 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	[illegible]	3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 20, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 28, 1967	[signature]	Dale C. Coffelt	E-501

Federal Security Agency
United States Public Health Service

Form PH-63021

FIRM NAME: Moon Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1058
Local Reg. No. 39
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 091 2-02	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint — LENGTH OF STAY (in this place): 6 weeks	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262	d. STREET ADDRESS (If rural, give location): Star Rt.

3. NAME OF DECEASED (Type or Print)	a. (First): Clarence	b. (Middle): N.	c. (Last): Croxen	4. DATE OF DEATH (Month) (Day) (Year): March 19 1967
5. SEX: M	6. COLOR OR RACE: W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: Sept. 21, 1882	9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (State or foreign country): Nebraska	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME: Richard Wm. Croxen	BIRTHPLACE: Unobtainable	14. MOTHER'S MAIDEN NAME: Elizabeth Wright	BIRTHPLACE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-05-2759	17. INFORMANT'S OWN SIGNATURE	ADDRESS	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio Sclerosis general — 40 yrs

DUE TO (c) Recent — 3 mos ago left Hip fracture

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Mar 14, 1967, *that I last saw the deceased alive on* Mar 8, 1967, *and that death occurred at* p *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. Marles G. Smith M.D. 742 (Degree or title)	23b. ADDRESS: 514 N. 3rd and Sandpoint Idaho	23c. DATE SIGNED: 3-20-67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: Mar. 22, 1967	24c. NAME OF CEMETERY OR CREMATORY: Westmond	24d. LOCATION (City, town, or county) (State): Westmond Idaho
DATE REC'D BY LOCAL REG.: March 28, 1967	REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts	25. EMBALMER: L. G. Moon, Jr.	LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1059
Local Reg. No. 43
Reg. Dist. No. 110

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles; b. (Middle) *; c. (Last) Pouzar

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Aug 13 1899

9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unobtainable — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 502 03 2841

17. INFORMANT'S OWN SIGNATURE: Charlotte A Sheldon — ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4644X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombo Phlebitis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: 583 (Degree or title): 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/23/67
24c. NAME OF CEMETERY OR CREMATORY: Evergreen Cemetery
24d. LOCATION (City, town, or county) (State): Priest River, Idaho

DATE REC'D BY LOCAL REG.: March 28, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: R. D. Sherman
LICENSE NO.: QL749

FIRM NAME: Sherman Funeral Home, Inc.

Federal Security Agency
United States Public Health Service
Form PH-63021

DUTIES:

APR 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1060
Local Reg. No. 41
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1102 Chestnut DDD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1102 Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): Lida
b. (Middle): May
c. (Last): Weatherford

4. DATE OF DEATH (Month) (Day) (Year): March 20 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 19, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Watkins, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Vance — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Annabelle Davenport — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 257-07-2486
17. INFORMANT'S OWN SIGNATURE: X Lio H. Weatherford — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Addisons Disease — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1957, *to* Mar 20, 1967, *that I last saw the deceased alive on* Mar 20, 1967, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J Munson MD 382
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: March 28 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. C. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 1 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 2 8 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1061
Local Reg. No. 45
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED APR 1 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 091 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 323 S. Boyer 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 091 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 401 Church

3. NAME OF DECEASED (Type or Print)
a. (First): Frances
b. (Middle): Amelia
c. (Last): Elliott

4. DATE OF DEATH (Month) (Day) (Year): March 23 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 28, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): ~~Kansas~~ - Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ---Mills — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-58 9874
17. INFORMANT'S OWN SIGNATURE: x K W Elliott — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic cardio-~~vascular disease~~ — years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17/67, 19__, *to* 3/23/67, 19__, *that I last saw the deceased alive on* 3/23/67, 19__, *and that death occurred at* 3:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen Peterson 415 Mrs.
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 3/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/27/67
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 7, 1967
REGISTRAR'S SIGNATURE: Charles G. Tillbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1062
Local Reg. No. 47
Reg. Dist. No. 110

BIRTH NO.

RECEIVED APR 12 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 09 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (In this community): 1 1/2 yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 267

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 09 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1105 Oak

3. NAME OF DECEASED (Type or Print): a. (First) Andrew; b. (Middle) ---; c. (Last) Maki

4. DATE OF DEATH: (Month) March (Day) 25 (Year) 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED. (Specify): Never Married

8. DATE OF BIRTH: Nov. 30, 1879

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad Const. 10

10b. KIND OF BUSINESS OR INDUSTRY: Rail Road

11. BIRTHPLACE (State or foreign country): Finland

12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-4610 A

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Sandpoint Manor records by [illegible]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July [illegible], 1961, *to* March 25, 1967, *that I last saw the deceased alive on* March 25, 1967, *and that death occurred at* 1:50 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 327 — (Degree or title): MD

23b. ADDRESS: Sandpoint Ida

23c. DATE SIGNED: 4-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 31, 1967

24c. NAME OF CEMETERY OR CREMATORY: Bonner County

24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 2 1967

REGISTRAR'S SIGNATURE: Faylis Y. Tillotts

25. EMBALMER: Dale C. Coffelt — LICENSE NO.: E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1063
Local Reg. No. 28
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 090 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hope
LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 mi W Hope Hwy 10 A 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 255
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	McAdoo	Gibson	March	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	Single	Oct. 16, 1946	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	University	California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William McAdoo Gibson	Texas	Bernice Marie Coffman	California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	Unobtainable	William Gibson, Sr.	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

8164

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Accidental Trauma — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Fractures & internal injuries
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Highway 010	Rural Hope 090 Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
March 26 1967 1:15A	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	two car collision

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Danny D. Nelson 583	Coroner		3/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 28, 1967	Clark Fork	Clark Fork Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 7 1967	Lyle G. Ribetta	Dale Coffelt	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1064
Local Reg. No. 16
Reg. Dist. No. 110

BIRTH NO.

APR 1 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 309 S. Boyer

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 309 S. Boyer

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) Edward; c. (Last) Donahue

4. DATE OF DEATH: (Month) March (Day) 28 (Year) 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 12, 1889

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Landing Foreman 17

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Montana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas J. Donahue
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Catherine Smith
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-03-9958 A

17. INFORMANT'S OWN SIGNATURE: X William L. Mullikin
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 10, 1956, *to* 3-28, 1967, *that I last saw the deceased alive on* 3-9 1967, *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: John L. Smith (Degree or title) MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Seneacquoteen
24d. LOCATION (City, town, or county) (State): Bonner County Idaho

DATE REC'D BY LOCAL REG.: April 7 1967
REGISTRAR'S SIGNATURE: Phyllis G. Nicholls

25. EMBALMER: Dale C. Coffelt
LICENSE NO.: E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1065
Local Reg. No. 44
Reg. Dist. No. 110

Certificate of Death

RECEIVED
APR 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 DOD
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 609 N. 4th DOD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 091
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 609 N. 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Jessie
b. (Middle): Louise
c. (Last): Blair

4. DATE OF DEATH (Month) (Day) (Year): March 29 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 13, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dennis C. O'Leary — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Anna DeClaire — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-4985
17. INFORMANT'S OWN SIGNATURE: Dennis V. Racicot — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: same

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1961, *to* March 29, 1967, *that I last saw the deceased alive on* March 12, 1967, *and that death occurred at* 1:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 327 MD
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 4-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lakeview
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 5, 1967
REGISTRAR'S SIGNATURE: Fayelles Y. Tibbetts
25. EMBALMER: L. C. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1066
Local Reg. No. 67
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 29 1967 3-03
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (in this place) Idaho
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
d. STREET ADDRESS (If rural, give location) R#4

3. NAME OF DECEASED (Type or Print) a. (First) Blanche b. (Middle) Levenia c. (Last) Davies

4. DATE OF DEATH (Month) Jan (Day) 8 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Jan 21 1894

9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Fort Bridger Wyoming

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Hyrum Smith Mecham BIRTHPLACE Wanship Utah

14. MOTHER'S MAIDEN NAME Florence Ann Williams BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---

(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-10-1053

17. INFORMANT'S OWN SIGNATURE Mrs Furla Burke ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 491X Bronchopneumonia

INTERVAL BETWEEN ONSET AND DEATH (a) Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23 , 1959, *to* 1-8 , 1967, *that I last saw the deceased alive on* 1-3 , 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE, 54C (Degree or title)

23b. ADDRESS

23c. DATE SIGNED 3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 12 Jan 1967

24c. NAME OF CEMETERY OR CREMATORY Hill Crest

24d. LOCATION (City, town, or county) (State) Shelley, Idaho Bingham

DATE REC'D BY LOCAL REG. March 23-1967

REGISTRAR'S SIGNATURE Emma Bridges

25. EMBALMER Lloyd M. Nalder

LICENSE NO. E-275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 24 2000

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1067
Local Reg. No. 68
Reg. Dist. No. 610

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LIMITS OF STAY (in this place): 1 mo. 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 147 West 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Ace (Mack)
b. (Middle): McKinley
c. (Last): Likes

4. DATE OF DEATH (Month) (Day) (Year): February 26 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 8, 1898
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City employee 08
10b. KIND OF BUSINESS OR INDUSTRY: Water & Street Dept.
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George E. Likes — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Dora Foiles — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 09 2553A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

491X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) 1. Abscess, upper lobe, right lung
2. Bronchopneumonia, acute, bilateral

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 1. Arteriosclerosis, generalized
Thrombus, recent, left iliofemoral vein
DUE TO (c) Cystitis, acute, hemorrhagic

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? X

22. *I hereby certify that I attended the deceased from* 3-9-64, 19__, *to* 2-26-67, 19__, *that I last saw the deceased alive on* 2-26, 19 67, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. Blair Ellsworth 156 [signature]
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/2/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 21-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO.: 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 5 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 10 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1068
Local Reg. No. 63
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 1 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS: 2244 St Clair Road

3. NAME OF DECEASED (Type or Print): a. (First) Maxine b. (Middle) c. (Last) Slagowski

4. DATE OF DEATH: March 1 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: September 14, 1913
9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Marysville, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jasper Melvin Hammond BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Elizabeth Percinda Hale BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cachexia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinomatosis — "
DUE TO (c) Adenoca Stomach — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6 Jan 67
19b. MAJOR FINDINGS OF OPERATION: Extensive abdominal Carcin.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* Death, 19__, *that I last saw the deceased alive on* Jan 1, 1967, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 230 (Degree or title) MD
23b. ADDRESS: 539 - 2nd St
23c. DATE SIGNED: 4 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/67
24c. NAME OF CEMETERY OR CREMATORY: Pine View Cemetery
24d. LOCATION (City, town, or county) (State): Ashton Idaho

DATE REC'D BY LOCAL REG.: March 9-67
REGISTRAR'S SIGNATURE: Anna Rudger
25. EMBALMER: Ralph M. Wood [signature] LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1069
Local Reg. No. 89
Reg. Dist. No. 6/0

BIRTH NO.

MAR 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 3 Box 160

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Helen	Mary	Jordan	March 1 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 10, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Pawnee City, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William B. Vance	Illinois	Clara Faulstick	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 44 1416	Richard Jordan	Idaho Falls, Idaho

MEDICAL CERTIFICATION

1338

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: 1 yr ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 1967	Carcinoma Transverse Colon c Wide Metastasis	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 21, *19* 67, *to* March 1, *19* 67, *that I last saw the deceased alive on* March 1, *19* 67, *and that death occurred at* 5:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. W. Corbett, M.D. 104	798 South Blvd. Idaho Falls, Idaho	March 28, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/4/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 21-1967	Anna Rudgen	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1070
Local Reg. No. 70
Reg. Dist. No. 610

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10 DOO
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410 b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JENNIE	CHRISTINA	SANT	March 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	6 January 1887	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	------	Hyde Park, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Alfred Nelson	Unknown	Rosella Ann Seamons	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	None	C. Leon Sant	Driggs, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

451X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) phlebothrombosis — 3 days
DUE TO (c) Ruptured abdominal aorta aneurysm — Unk

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Ruptured abdominal aorta aneurysm	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-22, 1967, *to* 3-5, 1967, *that I last saw the deceased alive on* 3-5, 19 67 *and that death occurred at* 6:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren A. Sutton 515 MD	1555 So Blvd Idaho Falls Ida	3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	8 March 1967	Driggs Cemetery	Driggs, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 21-67	Anna Budge	Robert C. Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1071
Local Reg. No. 79
Reg. Dist. No. 6/0

BIRTH NO.

APR 7 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 107 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Greenview Chalet

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MAGDELENE	J.	SEELEY	March 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed 2	Dec. 19, 1872	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife D7	own home	Coventry, New York	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Johnson	New York	Adeline Van Ness	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	505-62-4041J1	X [signature]	Idaho Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331.1

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 4 *19* 65, *to* March 7, *1967*, *that I last saw the deceased alive on* March 7, *19* 67, *and that death occurred at* 7:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D. (Degree or title) G. W. Corbett, M.D.	798 South Blvd. Idaho Falls, Idaho	March , 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar. 9, 1967	Mayn Cemetery	White Sulphur Springs, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 3-1967	[signature]	[signature]	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1072
Local Reg. No. 87
Reg. Dist. No. 610

Certificate of Death

RECEIVED
APR 7 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 1-48
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 48 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Nursing home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): No. Blvd. & Anderson St.

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): HENRY
c. (Last): GODDARD

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec. 26, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher, ret. 04
10b. KIND OF BUSINESS OR INDUSTRY: livestock
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Samuel Goddard — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Ballard — BIRTHPLACE: England
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-14-4494
17. INFORMANT'S OWN SIGNATURE: Marvin Goddard — ADDRESS: North Blvd & Anderson Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteria sclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1957, *to* 3-7, 1967, *that I last saw the deceased alive on* 3-7, 1967, *and that death occurred at* 6:55 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 546
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 3-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1073
Local Reg. No. 64
Reg. Dist. No. 6/D

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville MAR 2 2 1967 000
b. CITY OR TOWN Idaho Falls Bureau of Vital Statistics
c. LENGTH OF STAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 03 Arizona
b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chinlee
d. STREET ADDRESS (If rural, give location) ?

3. NAME OF DECEASED (Type or Print) a. (First) Robert b. (Middle) c. (Last) Yoe
4. DATE OF DEATH (Month) (Day) (Year) March 7, 1967
5. SEX male
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH Jan 10, 1937
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months 1 Days 27 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer DQ
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chinlee, Arizona
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Albert Yoe BIRTHPLACE Arizona
14. MOTHER'S MAIDEN NAME Jane Charlie BIRTHPLACE Arizona
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS Telephone conversation from Agency

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 9328
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INTOXICATION, ACUTE ALCOHOLIC AND EXPOSURE, COLD — INTERVAL BETWEEN ONSET AND DEATH: FEW HOURS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (BLOOD ALCOHOL WAS 3.4 MG/% POST-MORTEUM)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) IDAHO FALLS 10 (COUNTY) BONNEVILLE (STATE) IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Hazel L. McGaffey (Degree or Title) HAZEL L. MC GAFFEY, M. D. 5837 CORONER
23b. ADDRESS 2525 SOUTH BOULEVARD
23c. DATE SIGNED 3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE Mar 10, 1967
24c. NAME OF CEMETERY OR CREMATORY Fort Defiance
24d. LOCATION (City, town, or county) (State) Arizona

DATE REC'D BY LOCAL REG. March 15-'67
REGISTRAR'S SIGNATURE Anna Rudgers
25. EMBALMER Leo A. Williams
LICENSE NO. E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630 (2)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: Found dead in Alley out-doors one nite when temperature was 5° F above zero. No evidence of severe trauma. For inquest & post-mortem exam. Had been drinking "Lavacol" - (Pinche Ouhs rebbing alcohol) The day afternoon before. W. L. McD

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1074
Local Reg. No. 71
Reg. Dist. No. 610

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY: 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION: Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): 287 9th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Malinda	May	Mecham	March	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 8, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Fairview, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joshua Adams	Iowa	Sarah Criddle	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	[signature]	Idaho Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastases — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) adenocarcinoma of Rectum — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1963, *to* March 8, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 11:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey G. Hatch	M.D.	Idaho Falls, Idaho	March 13, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/11/67	Preston Cemetery	Preston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 21-67	[signature]	Ralph M. Wood [signature]	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 26 1984

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 24 2011

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1075
Local Reg. No. 65
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAR 22 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 82-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 220 Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) East 1st SOuth Street

3. NAME OF DECEASED (Type or Print) a. (First) MAE b. (Middle) ELEANOR 043 c. (Last) DURHAM

4. DATE OF DEATH (Month) (Day) (Year) Mar. 9, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Aug. 20, 1885

9. AGE (In years last birthday) 81
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Macon, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christopher C. Butler
BIRTHPLACE Maine

14. MOTHER'S MAIDEN NAME Augusta Victoria Smith
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. -

17. INFORMANT'S OWN SIGNATURE Howard B. Durham
ADDRESS Albequerque, NM

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebal Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 1 year

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-18, 1967, *to* 3-9, 1967, *that I last saw the deceased alive on* 3-9, 1967, *and that death occurred at* 7:40 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 546 (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Idaho.

23c. DATE SIGNED 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 13, 1967

24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial

24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Id

DATE REC'D BY LOCAL REG. March 18-67

REGISTRAR'S SIGNATURE Anna a Rudyce

25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho.

Eckersell Memorial Chapel.

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 3/9/1967

ADDITIONAL REMARKS by Physician

RECEIVED

MAR 27 1967

Certificate of Death

STATE OF IDAHO

State File No. 1076
Local Reg. No. 73
Reg. Dist. No. 610

BIRTH NO. Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham 101 Bonneville 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 068

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ladine		Anderson	March 10 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	31 Jan. 1914	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife C		Iona, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin D. Winder	Utah	Ester Ella Croft	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-----	No		Norman D. Anderson	311 E 150 N Provo, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain metastases, lung

DUE TO (c) Lymphosarcoma

INTERVAL BETWEEN ONSET AND DEATH: 2 mos

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible], 19 67, *to* March 19 67, *that I last saw the deceased alive on* March 9, 19 67, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	339 MD	Shelley, Idaho	3/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-14-67	Hillcrest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 21-67	Anna Bridges	Floyd M Nalder	E 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

FEB 9 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1077
Local Reg. No. 72
Reg. Dist. No. 610

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 750 L.

3. NAME OF DECEASED (Type or Print)
a. (First): Mrs. Margaret
b. (Middle): Brown
c. (Last): Wells

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Jan 29, 1872
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months 1, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Memphis, Tennessee
12. CITIZEN OF WHAT COUNTRY?: Usa

13. FATHER'S NAME: John Yancey Hartsell — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Betty Morris — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: John R. Brown — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerosis — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: parotitis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12, 1964, *to* 3-11-, 1967, *that I last saw the deceased alive on* 3-11-, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S Holden MD 210 (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: March 21-67
REGISTRAR'S SIGNATURE: Anna Budger
25. EMBALMER: Leo A Williams — LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 6 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED APR 7 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1078
Local Reg. No. 88
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chalet 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 840 E. Elva St.

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): P.
c. (Last): MAYNARD

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 12, 1880
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fields Perry — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 579-38-3579A
17. INFORMANT'S OWN SIGNATURE: Ruth P. Coulter — ADDRESS: Berkley, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 2 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — 10 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. *19*61*, to* March 13, *19*67*, that I last saw the deceased alive on* March 12, *19*67*, and that death occurred at* 5:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron T Weeks MD 556
23b. ADDRESS: 1585 S. Boulevard, Idaho Falls
23c. DATE SIGNED: 3/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG.: April 3-1967
REGISTRAR'S SIGNATURE: Anna Budges
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

DUTIES:

MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1079
Local Reg. No. 79
Reg. Dist. No. 610

BIRTH NO.

MAR 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN Idaho Falls
LENGTH OF STAY (in this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L. D. S. Hosp. 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 26 Missouri
b. COUNTY 353 Linn
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marceline
d. STREET ADDRESS (If rural, give location) Chicago St.

3. NAME OF DECEASED (Type or Print) a. (First) OSCAR b. (Middle) EDMOND c. (Last) SHAFFER

4. DATE OF DEATH (Month) March (Day) 19 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 3, 1883

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Linn County, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Rudy Shaffer
BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Permelia Catherine Todd
BIRTHPLACE ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 531-24-8225-A

17. INFORMANT'S OWN SIGNATURE Howard M. Shaffer
ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 16 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/3, 1967, *to* 3/18, 1967, *that I last saw the deceased alive on* 3/18, 1967, *and that death occurred at* 2:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Oldon Tall M.D. 521 (Degree or title)

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE March 21, 1967

24c. NAME OF CEMETERY OR CREMATORY Bloomington

24d. LOCATION (City, town, or county) Bloomington (State) Missouri

DATE REC'D BY LOCAL REG. March 22-67

REGISTRAR'S SIGNATURE Irma Bridges

25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1080
Local Reg. No. 76
Reg. Dist. No. 610

BIRTH NO. 2-01

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 108
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle): Amanda 042
c. (Last): Pearce

4. DATE OF DEATH: March 20 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 3, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fish Haven, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harland E. Loveland — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Amela Jane Welker — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Melvin Pearce — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Renal Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 3, 1954, *to* March 20, 1967, *that I last saw the deceased alive on* March 20, 1967, *and that death occurred at* 3:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. W. Corbett, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: 3/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/23/67
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona Bonneville Co. Idaho

DATE REC'D BY LOCAL REG.: Mar 28-1967
REGISTRAR'S SIGNATURE: Emma Rudge
25. EMBALMER: Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1081
Local Reg. No. 77
Reg. Dist. No. 610

RECEIVED APR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 178 East Elva

3. NAME OF DECEASED (Type or Print)
a. (First): Edith
b. (Middle): B.
c. (Last): Johannessen

4. DATE OF DEATH (Month) (Day) (Year): March 22 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 31, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Tomah, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jasper Beardsley
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Eliza Kirby
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 10 4066B

17. INFORMANT'S OWN SIGNATURE: Henry Johannessen
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of the Uterus — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov. *, 19* 66 *, to* March 22 *, 19* 67 *, that I last saw the deceased alive on* March 27 *, 19* 67 *, and that death occurred at* 10:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Byron T Weeks MD 554
23b. ADDRESS: 1585 So. Boulevard
23c. DATE SIGNED: 3-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/67
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: March 29 - 67
REGISTRAR'S SIGNATURE: Anna Rudgers

25. EMBALMER: Ralph M. Wood Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED
APR 7 1967
Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1082
Local Reg. No. 78
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
V. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp. 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Monteview Rural
d. STREET ADDRESS (If rural, give location): Monteview

3. NAME OF DECEASED (Type or Print)
a. (First) TIM b. (Middle) TINY c. (Last) MITCHELL

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: July 7, 1957
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas C. Mitchell. BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Ruby Lott BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: X
17. INFORMANT'S OWN SIGNATURE: T. C. Mitchell ADDRESS: Monteview, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2043

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute myelogenous leukemia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 mar, 1967, *to* 27 mar, 1967, *that I last saw the deceased alive on* 27 march 1967, *and that death occurred at* 10:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Fall 522 (Degree or title) M. D.
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: 29 MAR 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Ida

DATE REC'D BY LOCAL REG.: March 30-67
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

SEP 2 6 2006

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 28MAR 67

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 1083
Local Reg. No. 81
Reg. Dist. No. 610

RECEIVED
APR 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 07
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 230 10th Street

3. NAME OF DECEASED (Type or Print): a. (First) Solomon b. (Middle) (Saul) c. (Last) Fullmer

4. DATE OF DEATH: (Month) March (Day) 31 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: January 28, 1890

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Charles Fullmer
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Florilla Ann Curtis
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 2

16. SOCIAL SECURITY NO.: 518 10 0516

17. INFORMANT'S OWN SIGNATURE: Mina G. Fullmer
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Foreign body aspiration — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Emphysema, Arteriosclerotic heart disease

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): XX 13

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): L.D.S. Hospital

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls 101 Bonneville Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5 p.m. 2

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR?: Was eating supper and apparently choked on a piece of peach.

22. *I hereby certify that I attended the deceased from* 4-1- , 1966, *to* 3-31-67, 19___, *that I last saw the deceased alive on* 3-31-67, 19___, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John L. McMillan 3rd MD

23b. ADDRESS: 550 Fourth St., Idaho Falls

23c. DATE SIGNED: 4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/3/67

24c. NAME OF CEMETERY OR CREMATORY: Sugar City Cemetery

24d. LOCATION (City, town, or county) (State): Sugar City Idaho

DATE REC'D BY LOCAL REG.: March 6-1967

REGISTRAR'S SIGNATURE: Emma Budge

25. EMBALMER: Ralph M. Wood Ralph M. Wood

LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1084
Local Reg. No. 10-67
Reg. Dist. No. 100

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1

LENGTH OF STAY (in this place): 3 months

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ALFRED	(NONE)	ANDERSON	March 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced	January 24, 1886	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Railroad	Prairie Farm, Wisconsin	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Anderson	Wisconsin	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-10-5065	Mrs. W. L. Washburn	Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Callahan 583	Coroner 4	Bonners Ferry, Idaho	3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/20/67	Morayia Cemetery	Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-24-67	Moyta Stone	Hillcrest Malone	E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1085
Local Reg. No. 11-67
Reg. Dist. No. 100

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 2-03
b. CITY OR TOWN: Bonners Ferry
LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16 b. COUNTY: Boundary
c. CITY OR TOWN: Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box 564

3. NAME OF DECEASED (Type or Print): a. (First) EDWIN b. (Middle) WILLIAM c. (Last) GROSS, SR.

4. DATE OF DEATH: (Month) (Day) (Year) March 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 15, 1896

9. AGE (In years last birthday): 70 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Plumber 21

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Grand Meadows, Minnesota

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Gustav Gross BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Eleanor Beisie BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): —

16. SOCIAL SECURITY NO.: 519-03-5709

17. INFORMANT'S OWN SIGNATURE: Mrs Edwin Gross Sr. ADDRESS: Bonners Ferry Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atherosclerosis

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/6, 1967, *to* 3/19, 1967, *that I last saw the deceased alive on* 3/19, 1967, *and that death occurred at* 7:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Fredw. Duncan 150 (Degree or title) M.D. 23b. ADDRESS: Bonners Ferry, Idaho 23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 24b. DATE: 3/22/67 24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery 24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: March 24, 1967 REGISTRAR'S SIGNATURE: Myrtle Stone 25. EMBALMER: Charles Nelson LICENSE NO.: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1086
Local Reg. No. 12-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED APR 3 1967 5-05 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY IN (this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 2&95 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 110 Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) PRESTON c. (Last) FIELDS

4. DATE OF DEATH: (Month) (Day) (Year) March 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 12, 1883
9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cobbler 21
10b. KIND OF BUSINESS OR INDUSTRY: Shoe Repair
11. BIRTHPLACE (State or foreign country): Freeman, Missouri
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 534-14-2926
17. INFORMANT'S OWN SIGNATURE: Official Records (M) — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8120

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Neck and mandible — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed Chest
DUE TO (c) Car accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway $2&95 06
21c. (CITY, TOWN, OR TOWNSHIP) Bonners Ferry 110 (COUNTY) Boundary (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28, 1967 m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Struck by truck as crossed highway

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Callahan 583 (Degree or title) Coroner 4
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 3/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/1/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 3-31-67
REGISTRAR'S SIGNATURE: Virgil Stone
25. EMBALMER: Charles Malone
LICENSE NO.: E-453
FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1087
Local Reg. No. 13-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Boundary County Nursing Wing

3. NAME OF DECEASED (Type or Print): a. (First) ROSA b. (Middle) ETTA c. (Last) CAUSTON

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 13, 1886
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Samuel Perkins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 570-20-8879
17. INFORMANT'S OWN SIGNATURE: C. C. Causton — ADDRESS: Seattle, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Pneumonia Cerebrosthenia — INTERVAL BETWEEN ONSET AND DEATH: [illegible] yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — yrs.
DUE TO (c) Senility — yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Terminal pneumonia — 24 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* 3/30, 1967, *that I last saw the deceased alive on* 3/30, 1967, *and that death occurred at* 5:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald Dunn 150 (Degree or title) MD
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 4/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/2/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: 4/6/67
REGISTRAR'S SIGNATURE: [illegible] Stone
25. EMBALMER: [illegible]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Marion Kerns

Certificate of Death

STATE OF IDAHO

State File No. 1088
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAR 17 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Camas 130 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Fairfield
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 3 mi N. Fairfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130 b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location) Residence 3 mi. N. Fairfield

3. NAME OF DECEASED (Type or Print) a. (First) Cecil b. (Middle) Edward 000 c. (Last) Ballard

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 27, 1910
9. AGE (In years last birthday) 56
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Fairfield, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elmer Ballard
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Carrie Mink
BIRTHPLACE Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-01-1632
17. INFORMANT'S OWN SIGNATURE Robert S Meyer
ADDRESS Records Of Thompson Chapel Gooding Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — June 1959
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1959, 19___, to Feb, 1967, that I last saw the deceased alive on Feb, 1967, and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE Marion J Kerns MD (Degree or title)
23b. ADDRESS Fairfield Idaho
23c. DATE SIGNED 10 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
24d. LOCATION (City, town, or county) Fairfield, (State) Idaho

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE Estelle Vaught
28. EMBALMER Robert S Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1089
Local Reg. No. 51
Reg. Dist. No. 363

BIRTH NO.

RECEIVED Bureau of Vital Statistics APR 3 1967 2-01

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN Nampa
LENGTH OF STAY (in this place) 4wk

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon 38 b. COUNTY 335 Malheur
c. CITY OR TOWN Nyssa
d. STREET ADDRESS (If rural, give location) 23 E. 1st St.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Samaritan Hospital

3. NAME OF DECEASED (Type or Print) a. (First) Isaac b. (Middle) (Ike) 049 c. (Last) Boren

4. DATE OF DEATH (Month) (Day) (Year) 2-23-1967

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 10-20-1886

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Ret 10

10b. KIND OF BUSINESS OR INDUSTRY Repair

11. BIRTHPLACE (State or foreign country) Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Coleman Boren BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Lovina Jones BIRTHPLACE Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 712-07-7355

17. INFORMANT'S OWN SIGNATURE Essie Boren ADDRESS 23 E 1st St Nyssa Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro vascular accident — 10 days
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Obstruction — 2-3 mos

19a. DATE OF OPERATION Feb 2, 67
19b. MAJOR FINDINGS OF OPERATION Prostatic Hypertrophy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/25, 1967, *to* 2/23, 1967, *that I last saw the deceased alive on* 2/23, 1967, *and that death occurred at* 322 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-27-1967
24c. NAME OF CEMETERY OR CREMATORY Nyssa
24d. LOCATION (City, town, or county) Nyssa Oregon (State)

DATE REC'D BY LOCAL REG. Mar 1, 1967
REGISTRAR'S SIGNATURE [signature]
25. FUNERAL DIRECTOR [signature] ADDRESS Nyssa Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 19 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1090
Local Reg. No. 62
Reg. Dist. No. 36c

BIRTH NO.

RECEIVED
MAR 8 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 622-S 7th St.

3. NAME OF DECEASED (Type or Print) a. (First) Lorna b. (Middle) E. c. (Last) Thomas

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 30, 1901
9. AGE (In years last birthday) 65 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ottowa Quebec, Canada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert L. Mac Farline BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Jean Sinclaire BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS
X Mrs R L McClure

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH 10 mins

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, cerebral — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* RHEUMATIC HEART, probable mitral stenosis — 30 yrs.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* Mar, 1967, *that I last saw the deceased alive on* 1 Mar, 1967, *and that death occurred at* 9:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald D Price (Degree or title) 424 MD
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 3/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. Mar 7, 1967
REGISTRAR'S SIGNATURE Freda E. Hurd, Deputy
25. EMBALMER Merville D Dan
LICENSE NO. E-399
FIRM NAME: Peckham-Dakan Chapel, Caldwell

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 3 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 1 1 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 9 1969

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1091
Local Reg. No. 65
Reg. Dist. No. 360

Certificate of Death

RECEIVED
MAR 14 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (If not in this place) 1yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) RFD 1

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) H 051
c. (Last) Doty

4. DATE OF DEATH (Month) (Day) (Year) 3-1-1967

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 5-15-1889
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 21 (Ret)
10b. KIND OF BUSINESS OR INDUSTRY Welder
11. BIRTHPLACE (State or foreign country) Calif.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME E.H.Doty — BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Sophie E Hilst — BIRTHPLACE Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 459-20-0596
17. INFORMANT'S OWN SIGNATURE Mrs C. H. Doty — ADDRESS Caldwell Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-26-67, *19*___, *to* 3-1-67, *19*___, *that I last saw the deceased alive on* 3-1-67, *19*___, *and that death occurred at* 9:20P.*m., from the causes and on the date stated above.*

23a. SIGNATURE W J Allen MD (Degree or title) 250
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-6-1967
24c. NAME OF CEMETERY OR CREMATORY Nyssa
24d. LOCATION (City, town, or county) Nyssa (State) Oregon

DATE REC'D BY LOCAL REG. 3-13-1967
REGISTRAR'S SIGNATURE Leva Dakan
25. FUNERAL DIRECTOR B. B. Funkhampin — ADDRESS Nyssa Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

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Gabrielsen

RECEIVED MAR 14 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1092
Local Reg. No. 441
Reg. Dist. No. 3-07

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Route 2 - New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. 2 - New Plymouth, Idaho

3. NAME OF DECEASED (Type or Print): a. (First) Eurie; b. (Middle) Carrol 051; c. (Last) Musick

4. DATE OF DEATH: (Month) March (Day) 1, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: April 18, 1895

9. AGE (In years last birthday): 71 yrs. IF UNDER 1 YEAR: Months - - Days - - IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer C4

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Mima County, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: James C. Musick — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Dollie D. McBride — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: Mrs. E. C. Musick ADDRESS: New Plymouth, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4467

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete Kidney Shutdown — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephrosclerosis
DUE TO (c) Pneumonia, entire Rt. Lung

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20-66, 19___, *to* 3-1-67, 19___, *that I last saw the deceased alive on* 3-1-67, 19___, *and that death occurred at* 5:55P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 178 (Degree or title): MD
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3-1-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-1967
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 3-13-1967
REGISTRAR'S SIGNATURE: Vera DeRaw
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1093
Local Reg. No. 77
Reg. Dist. No. 365

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 1-18
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 298 Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Harvard
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harold b. (Middle) 052 Edward c. (Last) Marcy

4. DATE OF DEATH (Month) (Day) (Year) March 2, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH February 15, 1937
9. AGE (In years last birthday) 30 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) *** 00
10b. KIND OF BUSINESS OR INDUSTRY ****
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Paul Marcy BIRTHPLACE Michigan
14. MOTHER'S MAIDEN NAME Ruby M. Hylton BIRTHPLACE Floyd, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Evelyn Fay, ARD ADDRESS Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 0081 Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH 3 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Phenyketonuria — birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1, 1963, *to* 3-2, 1967, *that I last saw the deceased alive on* 3-2, 1967, *and that death occurred at* 1:25 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 3-6-67
24c. NAME OF CEMETERY OR CREMATORY POTLATCH CEMETERY
24d. LOCATION (City, town, or county) POTLATCH, IDAHO (State)

DATE REC'D BY LOCAL REG. March 17, 1967
REGISTRAR'S SIGNATURE
25. EMBALMER
LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHORT'S FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1094
Local Reg. No. 28
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY in this place
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Mercy Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 143 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 211-16 Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First) MAX b. (Middle) PAUL c. (Last) SPLINTER

4. DATE OF DEATH (Month) March (Day) 3, (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 27, 1877

9. AGE (In years last birthday) 89 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Minister & Missionary

10b. KIND OF BUSINESS OR INDUSTRY Church

11. BIRTHPLACE (State or foreign country) Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME August Splinter

BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME no record

BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-58-9650

17. INFORMANT'S OWN SIGNATURE Ruth O. Splinter ADDRESS Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at* 7:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C Wesche MD 583 (Degree or title) Coroner 4

23b. ADDRESS Nampa - Idaho

23c. DATE SIGNED 3-7-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 7, 1967

24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery

24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. March 11, 1967

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER Leroy J. Groves LICENSE NO. E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1095
Local Reg. No. 95
Reg. Dist. No. 363

BIRTH NO.

RECEIVED APR 11 1967 Bureau of Vital Statistics

1-50

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 50 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 10 Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Monte b. (Middle) 052 c. (Last) Smith

4. DATE OF DEATH: (Month) March (Day) 4 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: 4-18-62

9. AGE (In years last birthday): 4 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 62

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ellis Boyd Smith — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Catherine (unknown) — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Evelyn Fox, A.R.T. — ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3441 Hydrocephalus — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-13, 1967, *to* 3-4, 19 67, *that I last saw the deceased alive on* 3-4, 1967, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 345 (Degree or title) M.D.

23b. ADDRESS: Nampa, Idaho

23c. DATE SIGNED: 3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial

24b. DATE: March 6, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1967

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: William R. Hasp

LICENSE NO.: E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 13 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1096
Local Reg. No. 69
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 14 1967 0 00

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural----Nampa
d. STREET ADDRESS (If rural, give location): Route 4

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): B. 049
c. (Last): ALLEN

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 30, 1896.
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Carman 21
10b. KIND OF BUSINESS OR INDUSTRY: P. F. E. Shops.
11. BIRTHPLACE (State or foreign country): Axtell, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ralph Allen — BIRTHPLACE: No Record
14. MOTHER'S MAIDEN NAME: Etta Heron — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 522 03 7704
17. INFORMANT'S OWN SIGNATURE: Mrs Stella Allen — ADDRESS: Nampa, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis C — INTERVAL BETWEEN ONSET AND DEATH: 2-3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Cardiac Decompensation
~~DUE TO (c)~~ Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Nephritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 20 1967, *to* 3/4, 1967, *that I last saw the deceased alive on* 3/4, 1967, *and that death occurred at* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE: J R Mangum Mm 322 (Degree or title)
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 3/7/67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: Mar. 11, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature] — LICENSE NO. F-496

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1097
Local Reg. No. 67
Reg. Dist. No. 3 61

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 14 MAR 1 4 1967 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Precinct): RURAL CALDWELL
c. LENGTH OF STAY (In this residence): LIFE
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 9MILES N. OF CALDWELL 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 14 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL CALDWELL
d. STREET ADDRESS (If rural, give location): ROUTE 5

3. NAME OF DECEASED (Type or Print): a. (First) KITTY b. (Middle) LYNN c. (Last) BLOCK

4. DATE OF DEATH (Month) (Day) (Year): MARCH 5, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED
8. DATE OF BIRTH: MAY 17, 1959
9. AGE (In years last birthday): 7 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): STUDENT 03
10b. KIND OF BUSINESS OR INDUSTRY: STUDENT
11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: T. FLOYD BLOCK — BIRTHPLACE: NEBRASKA
14. MOTHER'S MAIDEN NAME: VIRGINIA VAN MATRE — BIRTHPLACE: NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: x Virginia Block — ADDRESS: CALDWELL, IDA.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 8124 Crushed chest and Head injuries. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Being hit + run over by a car.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Compound fractures left leg.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway - 06
21c. (CITY, TOWN, OR TOWNSHIP) 120 (COUNTY) (STATE): On U.S. 30 west Caldwell Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 5 1967 7 P.M.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Driving Cattle on highway - car hit a car + then hit her.

22. *I hereby certify that I attended the deceased from* Inspation only + witnesses report *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C Wesche M.D 583 (Degree or title) Coroner.
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-8-67
24c. NAME OF CEMETERY OR CREMATORY: HILLCREST CEMETERY
24d. LOCATION (City, town, or county) (State): CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: 3-13-1967
REGISTRAR'S SIGNATURE: Vera DeKay
25. EMBALMER: R. B. Shepherd
LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1098
Local Reg. No. 227
Reg. Dist. No. 36-C

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Montana
b. COUNTY Stillwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Absarokee
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Rolland b. (Middle) J. c. (Last) Neville

4. DATE OF DEATH (Month) (Day) (Year) March 6, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Aug. 20, 1884
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months 4 Days 16 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer - Post Master
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Riceville, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Neville
BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Ella Tyrel
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 517-16-7411
17. INFORMANT'S OWN SIGNATURE X Elsie D. Neville
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary Infection

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 4, 1967, *to* Mar 6, 1967, *that I last saw the deceased alive on* Mar 6, 1967, *and that death occurred at* 8:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE 570 (Degree or title) MD
23b. ADDRESS Caldwell Ida
23c. DATE SIGNED 3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE Mar. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Columbus Cemetery
24d. LOCATION (City, town, or county) Columbus, (State) Montana

DATE REC'D BY LOCAL REG. 3-30-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Lucy M. Flahiff
LICENSE NO. E-393
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 1099 70
Local Reg. No.
Reg. Dist. No. 362

BIRTH NO.

RECEIVED STATE OF IDAHO

MAR 1 4 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 935 10th Ave. N.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 935 10th Ave. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	Gus	Gethmann	March	6	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 30, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher--Retired	Ranching	Gladbrook, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Gethmann	Germany	Minnie Troll	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-44-4235	Roy G. Gethmann	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Jan, 1956, to 3/6, 1967, that I last saw the deceased alive on 2/4, 1967, and that death occurred at 1030 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. K. Mangum 322 M.D.	Nampa, Idaho	3/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 10, 1967	Kohler Lawn Cemetery n	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 11 1967	James D. Steck	William B. Wise Jr.	E-513

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1100
Local Reg. No. 1
Reg. Dist. No. 366

RECEIVED MAR 1 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (If outside this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Elmer; b. (Middle) C.; c. (Last) Look

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 7, 1884

9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Shellby, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William H. Look — BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Emily L. Harvey — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-28-6729A

17. INFORMANT'S OWN SIGNATURE: Mildred J. Look — ADDRESS: Rt. 1, Wilder, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 590X Acute Focal Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Hypertensive Cardio v. Dis. 4 yrs

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 25, 1967 *to* Mar 6 67, *that I last saw the deceased alive on* Mar 5, 1967, *and that death occurred at* 5:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title) MD

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 9, 1967

24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 3-13-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: James R. Peckham — LICENSE NO.: E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

DEC 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1102
Local Reg. No. 72
Reg. Dist. No. 363

RECEIVED
APR 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. VITAL STATISTICS REGISTRATION DISTRICT NO. (In this place): 220
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home 384

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Caldwell Boulevard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERTHA	R.	DOOLEY	March 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	never married	Dec. 29, 1883	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?
Ret. College Professor	Education	Lawrenceburg	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fremont Dooley 12	Illinois	Celia Pohlson	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36 0960	X Ella H. Dooley	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	arteriosclerotic cardiovascular disease with mental deterioration	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	senility	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-12-, 1947, *to* 3-2-, 1967, *that I last saw the deceased alive on* 1-12, 1967, *and that death occurred at* 10:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold E. Resche, M.D.	M.D.	312 14th Ave. South, Nampa, Idaho	3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 24, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 18, 1967	Jane Steck	William B. Wise	E-513

FIRM NAME: ALSIP FUNERAL Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1103
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2006 Blaine St.

3. NAME OF DECEASED (Type or Print)
a. (First): Oscar
b. (Middle): (NMI)
c. (Last): Haumann

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 8, 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Thedford, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl A. Haumann — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Henrietta Rollwagon — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-03-0633A
17. INFORMANT'S OWN SIGNATURE: Mrs. O. Haumann — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile dementia

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 2, 1961, *to* Mar. 10, 1967, *that I last saw the deceased alive on* Mar. 9, 1967, *and that death occurred at* 7:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Oak H. Hauser 243 (Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: James R. Dakan — LICENSE NO. E-485

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1104
Local Reg. No. 75
Reg. Dist. No. 362

BIRTH NO.

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon
b. CITY OR TOWN Nampa
d. FULL NAME OF HOSPITAL OR INSTITUTION Mercy Hospital
LENGTH OF STAY (in this place) 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN Nampa
d. STREET ADDRESS (If rural, give location) 1611 1st. Street South

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	Henry	Clem	March 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 23, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Albany Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Clem	Allen Co. Indiana	Minerva Grove	Caldwell Co. Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W.I. 3 4-20-17	518 30 0473A	Mrs J H Clem	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured hip.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-23, 1967, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 5:50P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marion E Blough M.D.	619 So Canyon Nampa Ida	3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 15, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 19 1967	Jane Stuck		E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 22 1967

APR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAR 22 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1105
Local Reg. No. 76
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa, 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural--Nampa
d. STREET ADDRESS (If rural, give location) Route #3

3. NAME OF DECEASED (Type or Print)
a. (First) Essie
b. (Middle) H
c. (Last) FLORIN

4. DATE OF DEATH (Month) (Day) (Year) March, 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 13, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Havana, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Harrison	Benton, Illinois	May P. Lamb	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		none	Henry J Florin	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 3wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years

DUE TO (c) — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus, Pulmonary embolism — 1wk

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-17, 1967, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 11:27 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren Blough MD	Nampa Idaho	3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 15, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 19, 1967	Jane Steck	William R Wise Jr	E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 22 1967 Bureau

State File No. 1106
Local Reg. No. 73
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) B. c. (Last) Watkins

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 17, 1892

9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John R. Watkins BIRTHPLACE Minn.

14. MOTHER'S MAIDEN NAME Coral Merrill BIRTHPLACE Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 469-10-9405

17. INFORMANT'S OWN SIGNATURE Arnold C. Watkins ADDRESS Kuna

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Nephritis
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 3-2- *1967, to* 3-11 *, 1967, that I last saw the deceased alive on* 3-11- *, 1967, and that death occurred at* 6:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 560 Henry C. Wesch M.D. | **23b. ADDRESS** Nampa Idaho | **23c. DATE SIGNED** 3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | **24b. DATE** 3-15-67 | **24c. NAME OF CEMETERY OR CREMATORY** Meridian Cemetery | **24d. LOCATION** (City, town, or county) (State) Meridian, Idaho

DATE REC'D BY LOCAL REG. Mar. 18, 1967 | REGISTRAR'S SIGNATURE Jane Steck | **25. EMBALMER** Redmond | LICENSE NO. E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 11 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 13 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1107
Local Reg. No. 74
Reg. Dist. No. 362

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: CANYON — MAR 22 1967 — 142 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (in this place): 1 DAY
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 058

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: IDAHO 142 — b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 423 15th AVE. SOUTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MABIE	E.	BANTA	MARCH 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	MARRIED 3	JAN. 28, 1908	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE 01	AT HOME	OREGON	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NO RECORD	NO RECORD	NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-38-4596	Maynard F Banta	CALDWELL, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

350X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Parkinsons disease

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-15, 1967, *to* Mar 13, 1967, *that I last saw the deceased alive on* Mar 12, 1967, *and that death occurred at* 12:25A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin E Hough M30	NAMPA, IDAHO	3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	3-16-67	PARMA CEMETERY	PARMA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 18, 1967	James Steele	M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1108
Local Reg. No. 15
Reg. Dist. No. 360

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 703 So. 6 st

3. NAME OF DECEASED (Type or Print): a. (First) Irvin b. (Middle) Dewitt c. (Last) Mason

4. DATE OF DEATH (Month) (Day) (Year): Mar. 15, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 3, 1886

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months 4 Days 12
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Carlisle, Iowa

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Cornelius Mason BIRTHPLACE: Carlisle, Iowa

14. MOTHER'S MAIDEN NAME: Morillia James BIRTHPLACE: Palmyra, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-42-4135A

17. INFORMANT'S OWN SIGNATURE: Mrs M Cody Dassett ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal perforation — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Peptic ulcer disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-16-55, 19__, *to* 3-15-67, 19__, *that I last saw the deceased alive on* 3-15-67, 19__, *and that death occurred at* 10:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 505 Lyle Jones, M.D.
23b. ADDRESS: 222 East Elm---Caldwell, Idaho
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-30-1967
REGISTRAR'S SIGNATURE: Vera DeKay
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 16 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1109
Local Reg. No. [illegible]
Reg. Dist. No. 366

Certificate of Death

RECEIVED
MAR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakely Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1305 East Jefferson Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): MARGARET
c. (Last): FRALICK

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 30, 1868
9. AGE (In years last birthday): 98 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Hamilton County, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Cameron — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Ann Cummins — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-54-7420
17. INFORMANT'S OWN SIGNATURE: Bonnie C Fralick — ADDRESS: 1305 E. Jefferson Boise, Ida.

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: indefinite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* March, 1967, *that I last saw the deceased alive on* 3/15, 1967, *and that death occurred at* 4:25 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald C. Bauman 034 MD
23b. ADDRESS: 1819 Ellis Caldwell Ida
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-18-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Mar 22, 1967
REGISTRAR'S SIGNATURE: Freda G Hirsch Deputy
25. EMBALMER: Ardale McMaster — LICENSE NO. E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 2 3 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

APR 3 1967

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1110
Local Reg. No. 78
Reg. Dist. No. 360

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 14 Canyon 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 4das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print): a. (First) ALEX b. (Middle) JOHN 05 c. (Last) PAGE

4. DATE OF DEATH: (Month) 3 (Day) 16 (Year) 67

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct 30, 1901

9. AGE (In years last birthday): 65
IF UNDER 1 YEAR: Months 4 Days 16
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farm Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Joplin, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George B Page
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Inez Cawyer
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 333-10-7336A

17. INFORMANT'S OWN SIGNATURE: Irene Page
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1637 Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 2, 1966 *to* Mar 16, 1967, *that I last saw the deceased alive on* Mar 15, 1967, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS

23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/20/67

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 3-30-1967

REGISTRAR'S SIGNATURE: Vera DeKew

25. EMBALMER: Leonard C. Flaniff

LICENSE NO.: E-481

FIRM NAME: Flaniff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 14 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 04 1998

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1111
Local Reg. No. 77
Reg. Dist. No. 366

RECEIVED
Bureau of Vital Statistics
APR 3 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 3-22
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 22das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1902 Oak St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HEBER	DAVID 051	COLE	3	16	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	Feb. 22, 1896	71	0	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Caldwell Water Master
10b. KIND OF BUSINESS OR INDUSTRY: City of Caldwell
11. BIRTHPLACE (State or foreign country): Grant, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ace Cole 08
BIRTHPLACE: Provo, Utah
14. MOTHER'S MAIDEN NAME: Hannah E Winder
BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-18-4886
17. INFORMANT'S OWN SIGNATURE: X Mrs H D Cole
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Urinary obstruction
DUE TO (c) Carcinomatosis secondary to Anaplastic Carcinoma of the bladder. 1810

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14-62, 19___, *to* 3-16-67, 19___, *that I last saw the deceased alive on* 3-16-67, 19___, *and that death occurred at* 8:58P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 505 Lyle Jones, M.D.
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/ 21/67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Near Nampa, Idaho

DATE REC'D BY LOCAL REG.: 3-30-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-48
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 3 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 24 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1112
Local Reg. No.
Reg. Dist. No. 3c

RECEIVED MAR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1305 Main St.

3. NAME OF DECEASED (Type or Print): a. (First) Viola b. (Middle) R. c. (Last) Newton
4. DATE OF DEATH (Month) (Day) (Year): March 16, 1967
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Nov. 13, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blue Eye, Missouri
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Sam Avery — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Viola — BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Viola Bellamy — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9020

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Extensive decubital lesion with infection — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intertrochanteric Fracture - (R) Hip — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Oct. 1966
19b. MAJOR FINDINGS OF OPERATION: intertrochanteric fracture of (R) Hip.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01
21c. (CITY, TOWN, OR TOWNSHIP) 14 (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur? Pt. slipped and fell on (R) hip

22. *I hereby certify that I attended the deceased from* Oct. 7, 1966, *to* March 16, 1967, *that I last saw the deceased alive on* March 16, 1967, *and that death occurred at* 8:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Gutenstein (Degree or title) M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Freda E. Hunt, Deputy
25. EMBALMER: Rodney W. Dakan
LICENSE NO.: E-608
FIRM NAME: Peckham-Dakan Chapel, Caldwell

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1113
Local Reg. No.
Reg. Dist. No. 3[illegible]

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 24 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 141

a. COUNTY: Canyon 080

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 140

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print)

a. (First): Maude

b. (Middle): Martha

c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 14, 1891

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Westfall, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willard Wesley Blake — BIRTHPLACE: Maine

14. MOTHER'S MAIDEN NAME: Adele McGreer — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-0613-B

17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerosis, hypertension - diabetes

DUE TO (c) Melitus - aortic aneurism

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 13, 1967, *to* March 17, 1967, *that I last saw the deceased alive on* March 17, 1967, *and that death occurred at* 6 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 166 [signature] (Degree or title): [signature] MD

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Garden

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-23-67

REGISTRAR'S SIGNATURE: Fred G. Hunt Deputy

25. EMBALMER: James R. Dakan

LICENSE NO.: E-485

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1114
Local Reg. No. 87
Reg. Dist. No. 362

Certificate of Death

RECEIVED APR 11 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (In this place): 6 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): SAMARITAN HOSPITAL 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 411 ROOSEVELT

3. NAME OF DECEASED (Type or Print)
a. (First): RETTA
b. (Middle):
c. (Last): CHRISTIE

4. DATE OF DEATH (Month) (Day) (Year): MARCH 18, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: MARCH 31, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): SEAMSTRESS 21
10b. KIND OF BUSINESS OR INDUSTRY: DRESS MAKER
11. BIRTHPLACE (State or foreign country): McFALL, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J.D. SAVAGE — BIRTHPLACE: KENTUCKY
14. MOTHER'S MAIDEN NAME: ELLEN SWEARINGEN — BIRTHPLACE: KENTUCKY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-6069
17. INFORMANT'S OWN SIGNATURE: x Evelyn Stauth — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO (b)~~ Arteriolar Sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Cancer of Breast
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1961, *to* 3/18, 1967, *that I last saw the deceased alive on* 3/18, 1967, *and that death occurred at* 10:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MM 322
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-21-67
24c. NAME OF CEMETERY OR CREMATORY: TERRACE LAWN
24d. LOCATION (City, town, or county) (State): ADA COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: April 10 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1115
Local Reg. No. 79
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon — 142 — APR 3 1967 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 140 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Rt. Nampa
d. STREET ADDRESS (If rural, give location): Route #2, Nampa, Idaho

3. NAME OF DECEASED (Type or Print) — a. (First): Ethel — b. (Middle): 301 — c. (Last): Hooper
4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 10, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retelephone Operator 09
10b. KIND OF BUSINESS OR INDUSTRY: Telephone
11. BIRTHPLACE (State or foreign country): Midvale, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Pickett — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Lucinda Towell — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-07-1149-A
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart
DUE TO (c): Disease - Decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED — WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* 3/18, 1967, *that I last saw the deceased alive on* 3/18, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 322 — (Degree or Title): MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Eastside Cemetery
24d. LOCATION (City, town, or county) (State): Midvale, Washington County, Ida.

DATE REC'D BY LOCAL REG.: March 28 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER:
LICENSE NO.:

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1116
Local Reg. No. 78
Reg. Dist. No. 362

RECEIVED
APR 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samaritan Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) WILSON b. (Middle) c. (Last) SIX

4. DATE OF DEATH (Month) (Day) (Year) March 19, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 21, 1880
9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Anness Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John T. Six
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Anna Bartlett
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 34 2027
17. INFORMANT'S OWN SIGNATURE Jean Vaughn
ADDRESS Rt 1 Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Accident 33 IX
INTERVAL BETWEEN ONSET AND DEATH 3/ week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Sept, 1966, to 3/19, 1967, that I last saw the deceased alive on 3/19, 1967, and that death occurred at 12:50 A.M. from the causes and on the date stated above.

23a. SIGNATURE 332 R Mangum MD (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 22, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Canyon County (State) Idaho

DATE REC'D BY LOCAL REG. March 28 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Jerry J. Krumb
LICENSE NO. E-447
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1117
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

APR 1 1 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF TOWN (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1502 Fairview

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): C.
c. (Last): Yocom

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 20, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Heppner, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Herman A. Yocom — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Annis Ellis — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 519-03-2004
17. INFORMANT'S OWN SIGNATURE: Dea I Isaac — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4300

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 8 Yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-27-58, 19__, *to* 3-20-67, 19__, *that I last saw the deceased alive on* 3-20-67, 19__, *and that death occurred at* 1:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 250 [signature] MD
23b. ADDRESS: 222 East Elm---Caldwell, Idaho
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 22, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-8-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1118
Local Reg. No. 79
Reg. Dist. No. 362

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

142 APR 3 1967 600
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 319-14 Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): STELLA 049
c. (Last): GROSS

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 31, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Viola Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Newton Young — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Jennie Stoner — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Claud Gross — ADDRESS: Kuna, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Source undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-8, 1950, *to* 3-20, 1967, *that I last saw the deceased alive on* 3-20, 1967, *and that death occurred at* 1:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Henry C Wesche M.D. 560 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: March 28, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W Mesenbrink
LICENSE NO.: E-487

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1119
Local Reg. No. 80
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: CANYON 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 10 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 140
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): RT. 1 SUNNY LANE

3. NAME OF DECEASED (Type or Print)
a. (First): CHESTER
b. (Middle): E.
c. (Last): POLLARD

4. DATE OF DEATH (Month) (Day) (Year): MARCH 20, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: DEC. 14, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED FARMER 01
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (State or foreign country): KINGSTON, MISSOURI
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: HARVEY POLLARD — BIRTHPLACE: MISSOURI
14. MOTHER'S MAIDEN NAME: VALIA SHAFFER — BIRTHPLACE: MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-22-4362
17. INFORMANT'S OWN SIGNATURE: Bernice B. Pollard — ADDRESS: NAMPA, IDA

18. CAUSE OF DEATH 603X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia - renal insuff. — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fract hip — 1 wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* March 20, 1967, *that I last saw the deceased alive on* 3/20/, 1967, *and that death occurred at* 2:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE 326 (Degree or title): J B Mancuso MD M.D.
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-24-67
24c. NAME OF CEMETERY OR CREMATORY: STAR CEMETERY
24d. LOCATION (City, town, or county) (State): ADA COUNTY, IDAHO

DATE REC'D BY LOCAL REG.: March 28, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1120
Local Reg. No. 82
Reg. Dist. No. 363

RECEIVED
APR 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Nampa
LENGTH OF STAY (in this place): 18 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School and Hospital 055

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arimo
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Nettie	Diane	Morrison		March	21	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	never married	October 3, 1945	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oren B. Morrison	Downey, Idaho	Oline Kent	Lewiston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: STATE SCHOOL RECORDS
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	probable viremia	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	microcephaly	from birth

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [XX] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 7-1, 1963 *to* 3-21, 1967, *that I last saw the deceased alive on* 3-21, 1967, *and that death occurred at* 5:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Nampa, Idaho	3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL	3-22-67	POCATELLO	POCATELLO, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 28, 1967			473

FIRM NAME: MANNING FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1121
Local Reg. No. 81
Reg. Dist. No. 362

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 312-15 Ave. North

3. NAME OF DECEASED (Type or Print): a. (First) Margaret b. (Middle) Ellen 301 c. (Last) FLANARY

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	March 18, 1879	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Rogersville, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elihue Snapp	Tennessee	Elizabeth Hurd	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-58-9480-T	Mrs. Lloyd Fox	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Metastatic Carcinoma of Chest	4 Mos
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Primary Source Undetermined	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertensive Ht. Disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1959, *to* 3/21, 1967, *that I last saw the deceased alive on* 3/13, 1967, *and that death occurred at* 12:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
322 J. A. Mengum MD	Nampa, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 24, 1967	Kohler Lawn Cemetery	Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 30, 1967	Jane Stuck	Richard W. Messenbrink	E-487

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1122
Local Reg. No. 83
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1424 Belmont St.

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): Charlotte 284
c. (Last): Romey

4. DATE OF DEATH (Month) (Day) (Year): Mar. 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 18, 1876
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR — Months: 5 Days: 4
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 21
10b. KIND OF BUSINESS OR INDUSTRY: Retired.
11. BIRTHPLACE (State or foreign country): Oscarsham, Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Carl Carlson
BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Carolina C. Nelson
BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-12-1555
17. INFORMANT'S OWN SIGNATURE ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardio Vascular Renal Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-, 1967, *to* 3-22-, 1967, *that I last saw the deceased alive on* 3-21, 1967, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche MD
23b. ADDRESS: Nampa - Idaho
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: March 29, 1967
REGISTRAR'S SIGNATURE: Jane Stock
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: AUG 4 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1123
Local Reg. No. 77
Reg. Dist. No. 362

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON 142 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
LENGTH OF STAY (in this place) 1 YR.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) PARK VIEW MANOR 29

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 140 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) RURAL NAMPA
d. STREET ADDRESS (If rural, give location) ROUTE 1

3. NAME OF DECEASED (Type or Print) a. (First) HAROID b. (Middle) EDGAR c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) MARCH 23, 1967

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JUNE 17, 1906
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABOR 06
10b. KIND OF BUSINESS OR INDUSTRY PRODUCE
11. BIRTHPLACE (State or foreign country) McCOOK, NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDGAR SMITH BIRTHPLACE NEBRASKA
14. MOTHER'S MAIDEN NAME MARY E. CLARK BIRTHPLACE NEBRASKA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) W W II 496X
16. SOCIAL SECURITY NO. 518-18-7240
17. INFORMANT'S OWN SIGNATURE Mrs. Carol Smith ADDRESS NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Rt Lower Lobe. — INTERVAL BETWEEN ONSET AND DEATH 2 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Parkinsonism severe — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, *to* 3/73, 1967, *that I last saw the deceased alive on* 3/21, 1967, *and that death occurred at* 4:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE 449 W B Ross (Degree or title) MD
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 3/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 3-27-67
24c. NAME OF CEMETERY OR CREMATORY KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State) NAMPA, IDAHO

DATE REC'D BY LOCAL REG. March 29, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER W. C. Shepherd
LICENSE NO. 23
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1124
Local Reg. No. 88
Reg. Dist. No. 362

RECEIVED APR 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 3-01
b. CITY OR TOWN Nampa
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Canyon 142
c. CITY OR TOWN Nampa
d. STREET ADDRESS (If rural, give location) Park View Manor Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESSIE	GERALDINE 049	ELLIS	March 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Oct. 20, 1874	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired housewife	at home	rural Star, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Phelps Everett 07	Chelsea, Mich.	Martha Elizabeth	Cardon, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	Unknown	Arthur Ellis	712 Beech Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) HSHD & Cardiac

DUE TO (c) decompensation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 1960 *to* March, 1967, *that I last saw the deceased alive on* March 23, 1967, *and that death occurred at* 5:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gaylon Brown MD	Nampa Idaho	3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 25, 1967	Morris Hill	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 10, 1967	Jane Steck	[signature]	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1125
Local Reg. No. 86
Reg. Dist. No. 360

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Stat

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 401 Grant St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Lavina
c. (Last): Bagley

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 16, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 6, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Manawa, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ezra T. Delyria — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Lillian McNinch — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS:

18. CAUSE OF DEATH 1538
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Post operative state
DUE TO (c): Carcinoma of Colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 20 Mar 67
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Colon
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Feb, 1967, *to* 23 Mar, 1967, *that I last saw the deceased alive on* 23 Mar, 1967, *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE 651 (Degree or title): A L Poulsen MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 28 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-30-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis — LICENSE NO.: E 399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1126
Local Reg. No. 27
Reg. Dist. No. 366

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — APR 3 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau (township) Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Goldie — b. (Middle) W. — c. (Last) Miner

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 27, 1903

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months 8, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Laverne, Oklahoma

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Uriah Wells — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Mary Jane Martin — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-12-9763

17. INFORMANT'S OWN SIGNATURE: Orek Miner — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5702

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal failure — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Superior mesenteric artery thrombosis — 3 days
DUE TO (c) Chronic auricular fibrillation

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3-21-67

19b. MAJOR FINDINGS OF OPERATION: Superior mesenteric artery thrombosis.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-21- , 1967, *to* 3-24- , 19 67, *that I last saw the deceased alive on* 3-24- , 19 67, *and that death occurred at* 10:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Galang — (Degree or title): M.D. — **23b. ADDRESS**: 227 E. Logan, Caldwell, Idaho — **23c. DATE SIGNED**: 3-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar, 28, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Wilder Cemetery — **24d. LOCATION** (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 3-31-1967 — **REGISTRAR'S SIGNATURE**: Vera Dakan

25. EMBALMER: Rodney C. Dakan — **LICENSE NO.**: E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1127
Local Reg. No. 76
Reg. Dist. No. 360

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 26 Missouri 555
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin, Missouri
d. STREET ADDRESS (If rural, give location): 1843 W. 23rd

3. NAME OF DECEASED (Type or Print)
a. (First): AGNES
b. (Middle): 051
c. (Last): SLAUGHTER

4. DATE OF DEATH (Month) (Day) (Year): 3 25 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 11, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 6, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Allegheny, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: David Thomas Carmarthen So. Wales
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Ruth James Carmarthen So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 527-34-2971A
17. INFORMANT'S OWN SIGNATURE / ADDRESS: George E. Slaughter

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 24, 1967, *to* Mar. 25, 1967, *that I last saw the deceased alive on* Mar. 25, 1967, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Oakes H. Haines 243 M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 3/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/28/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-30-1967
REGISTRAR'S SIGNATURE: Eva Dakan
25. EMBALMER: Lucy M. Flahiff
LICENSE NO.: E393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1128
Local Reg. No.
Reg. Dist. No. 562

RECEIVED APR 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hosp. 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Malheur 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Route 1 Box 214

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vera	Grace	Speelman	March 25 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 27, 1876	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	Home	Pueblo, Colo	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Bentley	UNK	True McCrary	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		NONE	Howard Speelman Son	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	57085 Intestinal Obstruction	1 week
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Rheumatoid arthritis	20yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3/16, 1967, *to* 3/25, 1967, *that I last saw the deceased alive on* 3/23, 1967, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald Dauman 034 MD	1819 Ellis Caldwell Ida.	3/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	3-27-67	Evergreen	Ontario	Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-1967	[illegible]	John A. Bienhaemper	Ore 120

FIRM NAME: Bertelson-Bienhaemper

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 10 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1129
Local Reg. No.
Reg. Dist. No. 3rd

BIRTH NO. RECEIVED APR 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN Wilder
c. LENGTH OF STAY (in this place) 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 50 Yds. of Homedale Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wilder-Rural
d. STREET ADDRESS (If rural, give location) Rt. #1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Harvey	M. 000	Pinkston	Mar. 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 2, 1928	39	1	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Laborer 01	Laborer -Self	Kearney, Neb.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn Pinkston	Kearney, Neb.	Nellie Bartlett	Kearney, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	508-26-7932	Norma Pinkston	Homedale Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Gunshot Wound Chest - Self Inflicted 9767

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	18 River Bank	13 Homedale - Canyon Co. side of river		Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3 - 27 - 67 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Self Inflicted

22. *I hereby certify that I attended the deceased from* Autopsy only *19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at* 1 P.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wiseman M.D 583 Coroner	Nampa. Idaho	3-29-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	Mar. 31, 1967	Ogallala Cemetery	Ogallala, Neb.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-1967	Vera Banks	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1130
Local Reg. No.
Reg. Dist. No. 361

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 140
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Middleton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): King Road & Boise Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1902 Polk St.

3. NAME OF DECEASED (Type or Print)
a. (First): Timothy
b. (Middle): Aaron 000
c. (Last): McDaniel

4. DATE OF DEATH (Month) (Day) (Year): Mar. 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar. 4, 1943
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 21
10b. KIND OF BUSINESS OR INDUSTRY: Kit Mfg. Co.
11. BIRTHPLACE (State or foreign country): Pender, Neb.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Warren McDaniel — BIRTHPLACE: Mc Fall, Mo.
14. MOTHER'S MAIDEN NAME: Doris Jeffryes — BIRTHPLACE: Bassett, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): yes 1 May-July 8 1962
16. SOCIAL SECURITY NO.: 484-52-7488
17. INFORMANT'S OWN SIGNATURE: Doris Brizendine — ADDRESS:

8234

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
[redacted] (b) Crushed Right Chest
[redacted] (c) Multiple Contusions + lacerations

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blood alcohol 0.24 gm %

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06 Highway
21c. (CITY, TOWN, OR TOWNSHIP) 140 (COUNTY) (STATE): Middleton — Canyon — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 28 1967 11:30 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Too fast around a curve. Too much alcohol.

22. *I hereby certify that I attended the deceased from* Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C. Wesche MD Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: April 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 4-7-1967
REGISTRAR'S SIGNATURE: Viva Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1131
Local Reg. No. 86
Reg. Dist. No. 362

BIRTH NO.

RECEIVED STATE OF IDAHO

APR 11 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 3-05 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA,
d. STREET ADDRESS (If rural, give location): 903 11th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) LOU b. (Middle) T. c. (Last) ROOD

4. DATE OF DEATH (Month) (Day) (Year): MARCH 28, 1967

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: JUNE 18, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME-MAKER 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): SHANNON COUNTY, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JESSE HULEN
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: NANCY
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 494-18-3372

17. INFORMANT'S OWN SIGNATURE: Mrs Ethel Palmer
ADDRESS: OGDEN, UTAH

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Stroke — 5 days
DUE TO (c) arteriosclerotic cerebral vascular disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-7- *, 19*67*, to* 3-28- *, 19*67*, that I last saw the deceased alive on* 3-28- *, 19*67*, and that death occurred at* 3:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E Hay 217 (Degree or title): M.D.

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 3-30-67

24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: April 10, 1967

REGISTRAR'S SIGNATURE: Jane Stuck

25. EMBALMER: W. B. Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 2 2 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1132
Local Reg. No.
Reg. Dist. No.

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 14 Canyon
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 14 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 1218 Belmont

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	VINCENT	L.	OAKLEY		3	29	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	4 Divorced	9/27/1907	59	6	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Roofer
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Provo, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Vincent L Oakley — BIRTHPLACE Provo, Utah
14. MOTHER'S MAIDEN NAME Chloe Ewell — BIRTHPLACE Carbon Co. Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-0918
17. INFORMANT'S OWN SIGNATURE x Gerald L. Oakley — ADDRESS 610 Karen Way Henderson Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, 19—, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Weske MD	Coroner	Nampa Idaho	4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/3/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-1967	Vera Dalton	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1133
Local Reg. No. 89
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon APR 1 1 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Nampa
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1515 7th St. So.

3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Thomas c. (Last) Hunt

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov. 4, 1886

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Kingston, Missouri.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William W. Hunt BIRTHPLACE Kentucky

14. MOTHER'S MAIDEN NAME Parthenia Brookshire BIRTHPLACE Missouri.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 42 4055A

17. INFORMANT'S OWN SIGNATURE Doratha W. Hunt ADDRESS Nampa Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Left Lobar. — INTERVAL BETWEEN ONSET AND DEATH 10 Days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Arteriosclerotic Cardio vascular renal Disease 10 yrs.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 1962, to 3/30, 1967, that I last saw the deceased alive on 3/29, 1967, and that death occurred at 2:05 p.m., from the causes and on the date stated above.

23a. SIGNATURE W B Rose MD (Degree or title)

23b. ADDRESS Nampa Idaho

23c. DATE SIGNED 4/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 3, 1967

24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery

24d. LOCATION (City, town, or county) Kuna, Idaho. (State)

DATE REC'D BY LOCAL REG. April 10, 1967

REGISTRAR'S SIGNATURE Jane Stack

25. EMBALMER

LICENSE NO.

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1134
Local Reg. No. 7
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Hyrum Cyrus Larsen, Jr.

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 17, 1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Motel owner 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cove, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Hyrum C. Larsen — BIRTHPLACE: Logan, Utah
14. MOTHER'S MAIDEN NAME: Karleen S. Comish — BIRTHPLACE: Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-9027
17. INFORMANT'S OWN SIGNATURE: Lavinda F. Larsen — ADDRESS: Lava Hot Springs, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epidermoid Carcinoma of larynx — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April, 1965, *to* Aug, 1966, *that I last saw the deceased alive on* Aug 19, 1966, *and that death occurred at* 5p *m., from the causes and on the date stated above.*

23a. SIGNATURE 535 (Degree or title): Russell Tigert MD
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/67
24c. NAME OF CEMETERY OR CREMATORY: Turner Cemetery
24d. LOCATION (City, town, or county) (State): Turner, Caribou, Idaho

DATE REC'D BY LOCAL REG.: 3-31-67
REGISTRAR'S SIGNATURE: Darhl Cheirrett
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1135
Local Reg. No. 1674
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 160

a. COUNTY: Cassia 1-09

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley (Rural) | LENGTH OF STAY (in this place): Life

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 475 East 200 So. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 160 b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley (Rural)

d. STREET ADDRESS (If rural, give location): 500 East 200 So.

3. NAME OF DECEASED (Type or Print)

a. (First): Mark b. (Middle): Dolph c. (Last): Scholer

4. DATE OF DEATH (Month) (Day) (Year): February 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Aug. 18, 1957

9. AGE (In years last birthday): 9 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Burke H. Scholer-Tremonton, Utah

14. MOTHER'S MAIDEN NAME BIRTHPLACE: Connie Dolph Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): — — —

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE ADDRESS: Burke H Scholer - BURLEY, IDAHO

18. CAUSE OF DEATH 8120

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head injury — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): skull fracture — immediate

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT ✓ ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06

21c. (CITY, TOWN, OR TOWNSHIP) 161 **(COUNTY)** **(STATE)**: Burley Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): approx 5:30 P 2 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Rode skate board down driveway onto highway in front of truck

22. *I hereby certify that I attended the deceased from* 8-19-57, 19__, *to* 2-27-67, 19__, *that I last saw the deceased alive on* 3-11-66, 19__, *and that death occurred at* 5:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Chas M Shune 526 MD

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/2/1967

24c. NAME OF CEMETERY OR CREMATORY: Gem Memorial Gardens

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar. 21 1967

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: [signature]

LICENSE NO.: E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1136
Local Reg. No. 1623
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAR 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Highway 24 and "A" Street

3. NAME OF DECEASED (Type or Print): a. (First) Harry b. (Middle) 070 c. (Last) POSTMA

4. DATE OF DEATH (Month) (Day) (Year): February 28, 1967

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 20, 1908

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Operator of Greyhound Depot & Cafe

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Grand Rapids, Michigan

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Postma 26

BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Nellie Boelens

BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-1695

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial ischemia — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cor pulmone — 5-10 yrs

DUE TO (c) pulmonary hypertension from loss of function of left lung — 5-10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-3-65 19__ *to* 2-28-67 19__, *that I last saw the deceased alive on* 2-27-67 19__, *and that death occurred at* 1:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 526

23b. ADDRESS: Burley, Idaho

23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: Mar 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Woodville Cemetery

24d. LOCATION (City, town, or county) (State): Shelly, Bonneville Co., Ida.

DATE REC'D BY LOCAL REG.: Mar 21 1967

REGISTRAR'S SIGNATURE: Burt H. Pearson

25. EMBALMER: [signature] LICENSE NO. 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1137
Local Reg. No. 1665
Reg. Dist. No. 470

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAR 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161 1-53
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 53 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 840 Grandview Addition

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) Anna 070
c. (Last) Schenk

4. DATE OF DEATH (Month) (Day) (Year) March 3, 1967

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 4, 1890
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months 1 Days 27 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Holstein, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Stricker, BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Annie Hall, BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 518-60-3157
17. INFORMANT'S OWN SIGNATURE Mrs Opal Jones ADDRESS 840 Grandview Burley

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-20, 1966, *to* 3-3, 1967, *that I last saw the deceased alive on* 3-3, 1967, *and that death occurred at* 1:00 *Am., from the causes and on the date stated above.*

23a. SIGNATURE 283 Bircher (Degree or title) M
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Mar. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery,
24d. LOCATION (City, town, or county) Burley, (State) Idaho

DATE REC'D BY LOCAL REG. Mar. 8, 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Ormand F Burch
LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1138
Local Reg. No. 23
Reg. Dist. No. 436

BIRTH NO.

REC MAR 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rupert Rural Route 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Rupert
d. STREET ADDRESS (If rural, give location): Rupert Rural Route 1

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) N. c. (Last) Fortier

4. DATE OF DEATH: (Month) Mar (Day) 6, (Year) 1967

5. SEX: White

6. COLOR OR RACE: Male

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Dec. 30, 1912

9. AGE (In years if over 100 birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Crookston Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mederic Fortier-Crookston Minnesota
BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: a Rose St Marie-Crookston Minnesota
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO.: 529-01-5702

17. INFORMANT'S OWN SIGNATURE: Mrs. Althea Fortier
ADDRESS: Rt 1 Rupert

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ____, 1956, *to* Mar. 6, 1967, *that I last saw the deceased alive on* Mar 6, 1967, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Ashford, M.D. (Degree or title)

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: Mar 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar 10 1967

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 3-9-67

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Charles L. Parsons

LICENSE NO.: E 494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 1 4 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 2 7 1988

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1139
Local Reg. No. 1672
Reg. Dist. No. 470

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO. 66-11179

MAR 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo rural
c. LENGTH OF STAY (in this place): 3 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo - rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Dale
c. (Last): Sanderson

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1967

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Nov. 23, 1966
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 3 Days 14
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant at home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME 02 BIRTHPLACE: William Dale Sanderson, Baker, Idaho
14. MOTHER'S MAIDEN NAME BIRTHPLACE: LaVina Pearl Ingram, Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: William Dale Sanderson Rt#1 Box 95 ADDRESS: Declo Idaho

18. CAUSE OF DEATH 9240
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): accidental Suffocation — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE): Burley Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 9 1967 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:30 A.m., *from the causes and on the date stated above.*

Investigated the death of

23a. SIGNATURE 165 (Degree or title): Leslie L. Fillmore M D Coroner
23b. ADDRESS: Box 657 Burley Idaho
23c. DATE SIGNED: 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: Mar 17 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Vern B. McCulloch
LICENSE NO.: E-260

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1140
Local Reg. No. 1671
Reg. Dist. No. 470

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 20 1967 1-06

Bureau of Vital Statistics

1. PLACE OF DEATH 161
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): 6 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1729 Miller Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Maude May
b. (Middle): Powers 070
c. (Last): Guiles Condit

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 21, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sublett, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Henry C. Powers - Woodstock, Mich.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Isabelle Grey - St. Louis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): — —
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Ray A. [illegible] Burley, Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Dissecting Aortic Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: 1-3 Day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis Gnuml — 5-10 yr
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-20-61, 19__, *to* 3-10-67, 19__, *that I last saw the deceased alive on* 3-10-67, 19__, *and that death occurred at* 1:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 526
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/14/1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar. 16, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: [signature]
LICENSE NO.: E389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1141
Local Reg. No. 1675
Reg. Dist. No. 470

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1029 Overland Ave. 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley -rural
d. STREET ADDRESS (If rural, give location): R#2 Southwest of Burley

3. NAME OF DECEASED (Type or Print)
a. (First): JUnius
b. (Middle): Lyle
c. (Last): Duke

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 31,1923
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 11, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Employed
10b. KIND OF BUSINESS OR INDUSTRY: Simplot Soil Bld.
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S/A.

13. FATHER'S NAME: Lyle Hubert Duke, BIRTHPLACE: Huntington, W.Va. 04
14. MOTHER'S MAIDEN NAME: Lourinda Rippee, BIRTHPLACE: Mansfield, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 9253
16. SOCIAL SECURITY NO.: 518-20-7557
17. INFORMANT'S OWN SIGNATURE: Marjorie R. Duke — ADDRESS: Burley Rt #2 Box 68H

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation under phosphate — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 03 Factory
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Burley 161 Cassia Ida.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 20, 1967 8 a.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* about 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD 583 (Degree or title): Coroner
23b. ADDRESS: Box 657 Burley Idaho
23c. DATE SIGNED: 3-23 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar.24,1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: Mar. 24 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Armand F Busch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 8 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1142
Local Reg. No. 1678
Reg. Dist. No. 470

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 161 APR 7 1967 -32
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 32 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 161 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 901 Conant Avenue

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Clarence	Eugene 670	Govier	March 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 25, 1879	88	1	0		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Lancaster, Wisconsin	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Govier	England	Rebecca M Beemer,	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	518-10-6589	Evey Govier	901 No Conant Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4290

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic Heart Disease — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild Diabetes Mellitus — 5-4-43

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-30-1966, *to* 3-25-1967, *that I last saw the deceased alive on* 3-25-1967, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C R Sutton 514	M D	Burley Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	3-29-67	Pleasant View Cemetery, Burley,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 5, 1967	Ruth H. Pearson	Armand J Burke	E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 12 1994

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1143
Local Reg. No. 1677
Reg. Dist. No. 475

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 7 1967 Bureau of Vital Statistics

161 3-21

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 815 4th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Norma
b. (Middle): Ruth 070
c. (Last): Sowers

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 16, 1921
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 9, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Declo, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Riley Lish, BIRTHPLACE: Rockland, Idaho
14. MOTHER'S MAIDEN NAME: Stella Flynn, BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 518-34-3923
17. INFORMANT'S OWN SIGNATURE: Wilmot A. Sowers — ADDRESS: 815 4th Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: July 65

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma, left breast, — April '63
DUE TO (c) infiltrating duct cell type

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

170X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5-, 1948, *to* 27 March 1967, *that I last saw the deceased alive on* 27 March, 1967, *and that death occurred at* 3:30 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: S. Annest 012 (Degree or title): [signature]
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Declo Cemetery
24d. LOCATION (City, town, or county) (State): Declo, Idaho

DATE REC'D BY LOCAL REG.: April 5, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 4 1967
NOV 2 6 2013

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 2 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1144
Local Reg. No. 1676
Reg. Dist. No. 470

BIRTH NO.

RECEIVED APR 7 1967 BUREAU OF VITAL STATISTICS

161 160 000

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): 620 E. Main

3. NAME OF DECEASED (Type or Print)
a. (First): LeRoy
b. (Middle): 070
c. (Last): Day

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Nov. 24, 1900	66	4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Day — BIRTHPLACE: Draper, Utah
14. MOTHER'S MAIDEN NAME: Florence Whittle — BIRTHPLACE: Grantsville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-26-4390
17. INFORMANT'S OWN SIGNATURE: Mrs LeRoy Day — ADDRESS: Oakley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial infarct 2 hrs. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
None m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-30, 1967, *to* 3-30-, 1967, *that I last saw the deceased alive on* 3-30-, 1967, *and that death occurred at* 11:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R P Sutton 514	M D	Burley Idaho	4-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Apr. 4, 1967	Oakley Cemetery	Oakley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 5, 1967	Ruth N. Pearson	Armand T Burch	E 471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCULLOCH FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 18 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1145
Local Reg. No. 26
Reg. Dist. No. 210

RECEIVED MAR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 37 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Route # 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ERNEST	BUCK	HAMILTON	March 14 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	June 4, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail carrier 68	Postal dept.	Temple, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no		518-05-1674	× Julia Hamilton Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Asthma — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Larry Mundelich 583	Coroner 4	Orofino, Idaho	March 15 '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 17, 1967	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 16, 1967	June M. Powell	Lyle A. Stutzmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-2214

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1146
Local Reg. No. 27
Reg. Dist. No. 210

BIRTH NO.

MAR 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Church Trailer Court

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SANDRA	LYNN 013	TREIB	March 19 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	March 17 1967			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Orofino, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John P. Treib — BIRTHPLACE: North Dakota
14. MOTHER'S MAIDEN NAME: Violet Truax — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: x John P Treib — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7543

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CHF — INTERVAL BETWEEN ONSET AND DEATH: 37 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Septal defect (intra-atrial) — 37 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17, 1967, *to* 3-19, 1967, *that I last saw the deceased alive on* 3-19, 1967, *and that death occurred at* 2:22 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Orofino, Idaho	3-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 22 '67	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 22, 1967	June M. Connell	Lyle A. Strottmann	476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

DUTIES: DEC 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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.....

b-67-2514

State File No. 1147
Local Reg. No. 28
Reg. Dist. No. 210

RECEIVED
APR 3 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

180 3-14

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): EVA
b. (Middle): L. 013
c. (Last): CHALMERS

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov 20, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Delevan, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Adlrich — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Anna Claude — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 503 24 3702A
17. INFORMANT'S OWN SIGNATURE: Marion Hallah — ADDRESS: Kamiah, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Atrial fibrillation — many years
DUE TO (c): Congestive Heart failure — many years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hepatomegaly & Cardiomegaly

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1966 *to* 3-21, 1967, *that I last saw the deceased alive on* 3-21, 1967, *and that death occurred at* 1:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 652
23b. ADDRESS: KAMIAH, IDAHO
23c. DATE SIGNED: 3-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/25/67
24c. NAME OF CEMETERY OR CREMATORY: Woodland
24d. LOCATION (City, town, or county) (State): Woodland, Idaho

DATE REC'D BY LOCAL REG.: March 31, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: R Hansen — Robert R Hansen
LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ROBERTSON-HANSEN FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1148
Local Reg. No. 29
Reg. Dist. No. 210

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 APR 10 1967 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
c. LENGTH OF STAY (If in place) few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pierce city dump 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pierce
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ROBERT c. (Last) LAUGHLIN

4. DATE OF DEATH (Month) March (Day) 30 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Jan. 29, 1945
9. AGE (In years last birthday) 22 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawyer 17
10b. KIND OF BUSINESS OR INDUSTRY Timber
11. BIRTHPLACE (State or foreign country) Boulder, Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Laughlin BIRTHPLACE Colorado
14. MOTHER'S MAIDEN NAME Virginia Funk BIRTHPLACE Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-40-8591
17. INFORMANT'S OWN SIGNATURE X Chas V. Laughlin ADDRESS Pierce, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot wound in head — INTERVAL BETWEEN ONSET AND DEATH inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Pierce dump 14
21c. (CITY, TOWN, OR TOWNSHIP) Pierce 180 (COUNTY) Clearwater (STATE) Idaho

21d. TIME OF INJURY (Month) March (Day) 30 (Year) '67 (Hour) 1:00 pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Self inflicted

22. *I hereby certify that I attended the deceased from* never, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 1100 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Larry D. Wundarlich (Degree or title) Coroner 4
23b. ADDRESS Orofino, Idaho
23c. DATE SIGNED March 31 '67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE April 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Craigmont IOOF
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho

DATE REC'D BY LOCAL REG. April 4, 1967
REGISTRAR'S SIGNATURE June M. Powell
25. EMBALMER Lyle A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1149
Local Reg. No. 25
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED MAR 20 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 125 South 5th East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 125 South 5th East

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. CANDISE
b. (Middle): ELIZABETH
c. (Last): CRABB

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 4, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Marysville, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Arlandlo Loosli — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Susan Harmon — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-28-8155
17. INFORMANT'S OWN SIGNATURE: Vida M. Marlow — ADDRESS: Hailey, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — Months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mel — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1953, *to* March 1, 1967, *that I last saw the deceased alive on* Jan 18, 1967, *and that death occurred at* 5:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Malcolm W. Goldsmith MD
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: 3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/4/67
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Mar 13 1967
REGISTRAR'S SIGNATURE: P. Jackson
25. EMBALMER: H. Neil Humphreys
LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

DUTIES:

MAR 2 0 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 7 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 9 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1150
Local Reg. No. 26
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
APR 7 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mt. Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ¼ mile No. of Mt. Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mt. Home
d. STREET ADDRESS (If rural, give location): ¼ mile No. Of Mt. Home

3. NAME OF DECEASED (Type or Print)
a. (First): MRS. HARRIET
b. (Middle): ELIZABETH
c. (Last): PIERSON

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 18, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Chambermaid
10b. KIND OF BUSINESS OR INDUSTRY: Hotel
11. BIRTHPLACE (State or foreign country): Asotin, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas O'Daniel — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Ayers — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-16-9379
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Lakeview, Wash.

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *19 to 19 that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 [signature] (Degree or title): CORONER 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/22/67
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Apr 3 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1151
Local Reg. No. 27
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200 APR 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Census name) Mountain Home,
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Mem. Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200 b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 895 N. 6th E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	INEZ	REDFORD	HILLBRANT	March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	Cau.	Widowed 2	Nov. 20, 1879	87		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House - Wife 01		Urich, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis L. Hungerford		Emma E. Redford	Mt. Home, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Mother's Maiden Name) (Birthplace) ADDRESS
No	495-36-5199D	Anna Jenkins

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4291 Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jay W. Wells 718 M.D.	Mountain Home, Idaho	3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation Removal 3	Mar. 27, 1967	Clinton, Missouri	Clinton, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 3 1967	[signature]	[signature]	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1152
Local Reg. No. 28
Reg. Dist. No. 380 391

RECEIVED APR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 150 South 10th East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MRS.	HELGA MARIE	CARLSON	March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Oct. 13, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	own home	Kongsberg, Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Liane	Norway	Helga Marie	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mabel L. Hamm	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Arteriosclerotic Heart Disease — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mel — 2 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mch 24, 1967, *to* Mch 24, 1967, *that I last saw the deceased alive on* Mch 24, 1967, *and that death occurred at* 1:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone Jackson MD	Mountain Home Idaho	3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/24/67	Mtn. View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 3 1967	[signature]	[signature]	E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1153
Local Reg. No. 29
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home, Idaho
LENGTH OF STAY (in this place) ?
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 13 miles east of Mtn. Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mountain Home
d. STREET ADDRESS (If rural, give location) 1110 E. 11th N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	LENIS	MINTON	March 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cau.	Married	Aug. 22, 1940	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Businessman 19	Finance	North Wilkesboro, North Carolina	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Howard M. Minton	North Carolina	Hazel Busch	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	1959-1963 8	238-50-9949	Nancy T. Minton	Mt. Home, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture of cervical vertebrae with transection of spinal cord.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Puncture fracture of skull, and basal fracture also

INTERVAL BETWEEN ONSET AND DEATH: seconds

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Highway 06	Rural - Mtn. Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Mar. 23, 1967 7:30PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Victim passenger in single car crash off highway.

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *that I saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clifton Smith Coroner	Mountain Home, Idaho	3/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	Mar. 27, 1967	Tacoma Cemetery	Tacoma, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 3 1967	[illegible]	Clifton Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 3 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1154
Local Reg. No. 30
Reg. Dist. No. 380 391

RECEIVED
APR 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200

a. COUNTY: Elmore 1-13

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mtn. Home

c. LENGTH OF STAY (in this place): 13 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 525 S. 3rd E. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 200

b. COUNTY: Elmore

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home

d. STREET ADDRESS (If rural, give location): 525 S. 3rd E.

3. NAME OF DECEASED (Type or Print)

a. (First): DORIS

b. (Middle): JEANETTE

c. (Last): VIKEN

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1967

5. SEX: Female

6. COLOR OR RACE: Cau.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: July 29, 1913

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 06

10b. KIND OF BUSINESS OR INDUSTRY: Resturant

11. BIRTHPLACE (State or foreign country): Reader, North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Iverson — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Bessie Olson — BIRTHPLACE: North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-32-5430

17. INFORMANT'S OWN SIGNATURE: X Gerald H. Viken — ADDRESS: Mt. Home

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Coronary artery disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *, 19__, to __, 19__, that I last saw the deceased alive on* 83 *, 19__, and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Arthur Smith (Degree or title): Coroner 4

23b. ADDRESS: Mountain Home, Idaho

23c. DATE SIGNED: 3/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 29, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Apr 3 1967

REGISTRAR'S SIGNATURE: R. Anderson

25. EMBALMER: Arthur Smith — LICENSE NO.: E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 16 2010

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1155
Local Reg. No. 31
Reg. Dist. No. 380 391

RECEIVED
APR 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) Glenns Ferry

3. NAME OF DECEASED (Type or Print) a. (First) MRS. b. (Middle) SADIE MAE c. (Last) BARTON

4. DATE OF DEATH (Month) (Day) (Year) March 27, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 19, 1880
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Nevada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Isaac Dwight — BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Emilie Louise — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Robt B Hoaglin — ADDRESS Los Altos, Cal.

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Dis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple Embolic occlusion, arterial left leg. — hours.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 1966, *to* March 27, 1967, *that I last saw the deceased alive on* March 27, 1967 *and that death occurred at* 7:30 a *m., from the causes and on the date stated above.*

23a. SIGNATURE Malone W. Wedlock 289 (Degree or title) MD
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED March 31 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/31/67
24c. NAME OF CEMETERY OR CREMATORY Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State) Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG. Apr 3 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER H. Vail Humphrey — LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1156
Local Reg. No. 9
Reg. Dist. No. 540

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

APR 10 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 211

a. COUNTY: Franklin

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 210

b. COUNTY: Franklin

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dayton

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Clarence

b. (Middle): Leonard

c. (Last): Nelson

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 19, 1893

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Road Construction 11

10b. KIND OF BUSINESS OR INDUSTRY: County Road Crew

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jens Peter Nelson — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Karen Marie Frandson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 22 2733

17. INFORMANT'S OWN SIGNATURE: Rebecca Nelson — ADDRESS: Dayton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1538 Adeno Carcinoma of Lung

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Bowel Metastases

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 7, 1967, *to* March 8, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. R. Cutler M.D.

23b. ADDRESS: Preston Idaho

23c. DATE SIGNED: 3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 11, 1967

24c. NAME OF CEMETERY OR CREMATORY: Dayton Cemetery

24d. LOCATION (City, town, or county) (State): Dayton, Idaho

DATE REC'D BY LOCAL REG.: 3-13-67

REGISTRAR'S SIGNATURE: Eppie W. Brower

25. EMBALMER: O. Sherwin Webb — LICENSE NO. 316

FIRM NAME: Webb Funeral Home Preston, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended April 3, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1157
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 211 1-47
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 47
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 11 South 2nd East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 11 South 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Ivan c. (Last) Goff

4. DATE OF DEATH (Month) (Day) (Year): March 14 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: March 3, 1884

9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): City Manager, U.P.&L. Co

10b. KIND OF BUSINESS OR INDUSTRY: Preston City Power Co. 09

11. BIRTHPLACE (State or foreign country): Heppner, Marrow Co., Oregon

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Silas Milton Goff — BIRTHPLACE: Carroll County, Ill.

14. MOTHER'S MAIDEN NAME: Sarah E. Crank — BIRTHPLACE: Scio, Linn County, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-2998

17. INFORMANT'S OWN SIGNATURE: Joseph C. Goff — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic coronary
DUE TO (c): heart disease — 8 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1958, *to* March, 19___, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* 9 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leo R. Hawkes M.D.

23b. ADDRESS: Preston, Idaho

23c. DATE SIGNED: March 16, 19 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 17, 1967

24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery

24d. LOCATION (City, town, or county) (State): Preston Idaho

DATE REC'D BY LOCAL REG.: 3-16-67

REGISTRAR'S SIGNATURE: Eppa W. Brower

25. EMBALMER: O. Sherwin Webb — LICENSE NO.: 310

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 8
Reg. Dist. No. 540

BIRTH NO.

MAR 21 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN Preston
LENGTH OF STAY (in this place) 57 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 11 South 2nd East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 11 South 2nd East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles	Ivan	Goff	Mar. 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 3, 1884	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY: Utah Power & Light Co.
11. BIRTHPLACE (State or foreign country): Heppner, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Silas Milton Goff	Illinois Carroll County,	Sarah E. Crank	Scio, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-2998
17. INFORMANT'S OWN SIGNATURE J. E. Goff ADDRESS Preston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY OCCLUSION — INTERVAL BETWEEN ONSET AND DEATH: FEW MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary artery disease — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1958, *to* Mar., 1967, *that I last saw the deceased alive on* Jan 24, 1967, *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lee R. Hawkes M.D.	Preston, Idaho	March 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 17, 1967	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-16-67	Eppie W. Brower	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

DUTIES:

MAR 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 9 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 23 1984

APR 17 1996

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1158
Local Reg. No. 10
Reg. Dist. No. 540

BIRTH NO.

210 APR 10 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hiway #91 So. Preston, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): none-Accident Scene

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah, 555 b. COUNTY: Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location): 342 West Center

3. NAME OF DECEASED (Type or Print)
a. (First): KATHRYN SHEEN b. (Middle): GARR c. (Last): RUMSEY

4. DATE OF DEATH (Month) (Day) (Year): March 19-1967

5. SEX: female
6. COLOR OR RACE: cauc
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: April 25-1945
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Domestic 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph L. Sheen; BIRTHPLACE: Smithfield, Utah
14. MOTHER'S MAIDEN NAME: Vida Mikkelsen, BIRTHPLACE: Hyde Park, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Joseph L. Sheen ADDRESS: Logan, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushing injury to head + neck — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) 210 **(COUNTY)** Preston Franklin **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 19 1967 24 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Auto accident

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 24 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan L. Coffey M.
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem; Burial 3
24b. DATE: 3/22/67
24c. NAME OF CEMETERY OR CREMATORY: Logan Cem.
24d. LOCATION (City, town, or county) (State): Logan, Utah

DATE REC'D BY LOCAL REG.: 3-22-67
REGISTRAR'S SIGNATURE: Effie W. Brower
25. EMBALMER: Hall Mortuary
LICENSE NO.: E-268

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1159
Local Reg. No. 16
Reg. Dist. No. 650

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 21 MAR 29 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics St. Anthony
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 906 West 4th North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 22 b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) 906 West 4th North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MILDRED	BERTHA	WADSWORTH DEMICELL	March 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FeMale	White	Widow 2	Feb., 17, 1912	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper 19	Lumber	St. Anthony, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred C. Wadsworth	Nebraska	Lillian Whaley	Marshalltown, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Art Wadsworth	St. Anthony Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 my

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery Heart Disease — 2 yr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Mar. 29, 1963 *to* 3-8-, 1967, *that I last saw the deceased alive on* 3-8 1967 *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 284	MD	[signature]	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	14 March	Pineview Cemetery	Ashton, RFD, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
20 March 67	M.D. Hansen	M.D. Hansen	E-354

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1160
Local Reg. No. 17
Reg. Dist. No. 651

BIRTH NO.

MAR 29 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)
a. (First): RULON
b. (Middle): 083
c. (Last): HEMMING

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 27 June 1900

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant
10b. KIND OF BUSINESS OR INDUSTRY: Garage

11. BIRTHPLACE (State or foreign country): Salem, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ALFRED JOHN HEMMING
BIRTHPLACE: Morgan, Utah

14. MOTHER'S MAIDEN NAME: ADELGUNDA GROVER
BIRTHPLACE: Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-3081

17. INFORMANT'S OWN SIGNATURE: Eugene L. Hemming
ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cerebral thrombosis — 6 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-12-1967, *to* _____, 19____, *that I last saw the deceased alive on* 3-12-, 1967, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: Ashton Idaho
23c. DATE SIGNED: 3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 20 March 67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E456
FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1161
Local Reg. No. #18
Reg. Dist. No. 651

Certificate of Death

RECEIVED
MAR 29 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home in Teton City 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mary Alice
b. (Middle): Butt
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 12, 1867
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Menden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Donaldson — BIRTHPLACE: London England
14. MOTHER'S MAIDEN NAME: Mary Ann Kent, — BIRTHPLACE: Way To Wooler, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-60-1732
17. INFORMANT'S OWN SIGNATURE: Jess Butts — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794X Senility

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1947, *to* Mar. 18, 1967, *that I last saw the deceased alive on* Mar. 18, 1967, *and that death occurred at* 4:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Rigby M.D. 442
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: Mar 20 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 22 March 67
24c. NAME OF CEMETERY OR CREMATORY: Teton-Newdale Cemetery
24d. LOCATION (City, town, or county) (State): Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.: 20 March 67
REGISTRAR'S SIGNATURE: M. D. Hansen
25. EMBALMER: M. D. Hansen
LICENSE NO.: C-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1162
Local Reg. No. 79
Reg. Dist. No. 651

Certificate of Death

RECEIVED
MAR 29 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 220
a. COUNTY: Fremont 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hosp. 683

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 325 No. Lst East

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Alexander
c. (Last): Burnside

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1967

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 17,1897
9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 06
10b. KIND OF BUSINESS OR INDUSTRY: Cheese Maker
11. BIRTHPLACE (State or foreign country): Mountainville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alexander Burnside
BIRTHPLACE: American Fork, Utah
14. MOTHER'S MAIDEN NAME: Sarah Ann Mottishaw
BIRTHPLACE: Chesterfield, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1
(If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.: 518-07-4165
17. INFORMANT'S OWN SIGNATURE: Charles Burnside
ADDRESS: Sugar City, Ida

18. CAUSE OF DEATH 4347
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 ms ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): LVP — 6 ms ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes
Polycytemia — ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-11- *19*67, *to* 3-21- *19*67, *that I last saw the deceased alive on* 3-21- *19*67 *and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 298 (Degree or title)
23b. ADDRESS: ASHTON - IDAHO
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/67
24c. NAME OF CEMETERY OR CREMATORY: Rexburg Cemetery
24d. LOCATION (City, town, or county) (State): Rexburg, Madiso, Idaho

DATE REC'D BY LOCAL REG.: 24 March 67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E347
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1163
Local Reg. No. 20
Reg. Dist. No. 651

RECEIVED
APR 1 2 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 220
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): OLAF
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 17 July 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmen 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Detroit Lakes, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Fredrick Stephens — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Katrena Burtelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): Cuban 8
16. SOCIAL SECURITY NO.: 518-38-6369A
17. INFORMANT'S OWN SIGNATURE: + Willie Stephens — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1967, *to* 3-21-1967 *that I last saw the deceased alive on* 3-21-1967 *and that death occurred at* 7:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE 298 (Degree or title)
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 March 67
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 2 April 67
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: Robert [illegible] Bean
LICENSE NO.: E456

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bean Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1164
Local Reg. No. 37
Reg. Dist. No. 651

RECEIVED
Bureau of Vital Statistics
APR 12 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 220
b. CITY OR TOWN Ashton
c. LENGTH OF STAY (In this place) Two Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 221
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) 505 West 4th North

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Le Roy c. (Last) Callow

4. DATE OF DEATH (Month) (Day) (Year) March 22 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 7, 1893
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Electrical Insp.
11. BIRTHPLACE (State or foreign country) Oregon Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Callow BIRTHPLACE Oregon Missouri
14. MOTHER'S MAIDEN NAME Forest Rose Alkire BIRTHPLACE Forest City Missour

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-30-1872
17. INFORMANT'S OWN SIGNATURE Arthur L. Callow, Jr. ADDRESS 1744 Cree Av Colorado Springs, Colo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis 3332X — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 6 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20-, 1967, *to* 3-22-, 1967, *that I last saw the deceased alive on* 3-22-, 1967, *and that death occurred at* 2:20 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 298
23b. ADDRESS Ashton Idaho
23c. DATE SIGNED 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 27 March
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St Anthony Fremont Co Ida

DATE REC'D BY LOCAL REG. 29 Mar 67
REGISTRAR'S SIGNATURE M L Hansen
25. EMBALMER M L Hansen
LICENSE NO. E 354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 22 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1165
Local Reg. No. 22
Reg. Dist. No. 651

RECEIVED APR 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Fremont 220 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parker (St. Anthony #2) LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Family Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220 b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony, RFD#2 Parker
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FREDRICK b. (Middle) CLARK c. (Last) JACKSON
4. DATE OF DEATH (Month) (Day) (Year) March 31, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH August 11, 1883
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sawmill operator and farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Paradise, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Willaim Jackson BIRTHPLACE Kanaville, Iowa
14. MOTHER'S MAIDEN NAME Mary Adeline Crapo BIRTHPLACE Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-28-2888
17. INFORMANT'S OWN SIGNATURE Fred C. Jackson ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* 3-31, 1967, *that I last saw the deceased alive on* 3-30, 1967, *and that death occurred at* 6:45A *m. from the causes and on the date stated above.*

23a. SIGNATURE 413 Leslie J Peterson M D (Degree or title)
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3 April 67
24c. NAME OF CEMETERY OR CREMATORY Parker Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#2, Idaho

DATE REC'D BY LOCAL REG. 4 April 67
REGISTRAR'S SIGNATURE M L Hansen
25. EMBALMER M L Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 6 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 12 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1166
Local Reg. No. 7
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 1 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN Emmett
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 319 McAuliff

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) 319 McAuliff

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) Lucinda c. (Last) Crank

4. DATE OF DEATH (Month) (Day) (Year): March 6, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Sept. 14, 1894

9. AGE (In years last birthday): 72
IF UNDER 1 YEAR Months: 5 Days: 22
IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 07

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Albion, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James Barnard
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Lucinda Smith
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-12-9292

17. INFORMANT'S OWN SIGNATURE X Leonard K Crank
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial asthma — 30 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1945, *to* 3-6, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD

23b. ADDRESS Emmett, Ida.

23c. DATE SIGNED 8 Mar 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: March 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 8 1967

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Glenn W Beatty

LICENSE NO. E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1167
Local Reg. No. 20
Reg. Dist. No. 340-341

RECEIVED MAR 1 6 1967 Bureau of Vital Statistics 3-05

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elwin
b. (Middle): Marshall
c. (Last): McNutt

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Aug. 5, 1900

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR — Months: 7 — Days: 3
IF UNDER 24 HRS. — Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): planer 17

10b. KIND OF BUSINESS OR INDUSTRY: lumber

11. BIRTHPLACE (State or foreign country): Anharbor, Michigan

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sidney McNutt
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Marion Atkins
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-01-3030A

17. INFORMANT'S OWN SIGNATURE: X Gertrude McNutt
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CEREBRAL VASCULAR ACCIDENT
INTERVAL BETWEEN ONSET AND DEATH: SINCE MARCH 6 1967

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 6, 1967, *to* 3-8, 19 67, *that I last saw the deceased alive on* 3-8-67, 19___, *and that death occurred at* 8:05 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Bruce P Lanchester MD
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 3/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: March 11 1967
REGISTRAR'S SIGNATURE: Jean C Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1168
Local Reg. No. 21
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAR 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 10 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

3. NAME OF DECEASED (Type or Print): a. (First) Bessie b. (Middle) Iris c. (Last) Chilcott

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 27, 1888
9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months: 0 Days: 13 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Haysprings, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nobel Dotson BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Anna Garner BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO: 519-42-6383B
17. INFORMANT'S OWN SIGNATURE: Retha G. Watson ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4433X C V A — INTERVAL BETWEEN ONSET AND DEATH: 24hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive C V disease — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 1962, *to* March 10, 1967, *that I last saw the deceased alive on* Mar. 10, 1967, *and that death occurred at* 2:40P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 13 Mar 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar. 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: Mar 13, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Thomas W. Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1169
Local Reg. No. 22
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 230
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pearl
c. LENGTH OF STAY (in this place) 8mos

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pearl Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 230 b. COUNTY Gem
c. CITY OR TOWN (If outside limits, write RURAL and give township) Pearl
d. STREET ADDRESS (If rural, give location) Pearl Route

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lyndell	Loren	Donnelson	March 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	July 15, 1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	mining	Council Bluffs, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Loren H. Donnelson	Nebraska	Josephine L. Gentry	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	518-05-0021	X Mrs. R. H. Bruce	Jerome Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun shot in head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 230 (COUNTY) (STATE)
homicide	home 01	Pearl Gem Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
March 16, 1967 7:30P	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	undetermined

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* never, 19____, *and that death occurred at* 7:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn W Beatty 583	Coroner Gem County	Emmett, Idaho	March 21, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 22, 1967	McCall	McCall Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 21, 1967	Glenn W Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 17 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1170
Local Reg. No. 23
Reg. Dist. No. 540-341

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of V...

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 2 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1115 Johnson Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 23
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Edith c. (Last) Bentley

4. DATE OF DEATH (Month) (Day) (Year) March 17, 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH Apr. 26, 1886

9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months 10 Days 21 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Emmet, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Endres BIRTHPLACE Germany

14. MOTHER'S MAIDEN NAME Belinda Fetterman BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X Elayne C. Bentley ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Acute congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-vascular disease — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes — unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-21, 19 56, *to* 3-17, 19 67, *that I last saw the deceased alive on* 3-14, 19 67, *and that death occurred at* 6 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harmon E. Halverson M.D.

23b. ADDRESS Emmett, Idaho

23c. DATE SIGNED 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Mar. 20, 1967

24c. NAME OF CEMETERY OR CREMATORY Sweet

24d. LOCATION (City, town, or county) Sweet, Idaho (State)

DATE REC'D BY LOCAL REG. Mar 21 1967

REGISTRAR'S SIGNATURE Jean C. Beatty

25. EMBALMER Glenn W. Beatty LICENSE NO. E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1171
Local Reg. No. 25
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
APR 14 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) Iday
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 230
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) East Locust

3. NAME OF DECEASED (Type or Print) a. (First) Ralph b. (Middle) Emmerson c. (Last) Worley

4. DATE OF DEATH (Month) (Day) (Year) March 23 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH July 13, 1893

9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer 04

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Clay Center, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph L. Worley BIRTHPLACE USA

14. MOTHER'S MAIDEN NAME Mary O. Chapman BIRTHPLACE USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-03-1144A

17. INFORMANT'S OWN SIGNATURE X Mabelle Worley ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5702

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) INFARCTION of 90% of

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) SMALL BOWEL DUE TO MESENTERIC THROMBOSIS

DUE TO (c) INVOLVING THE SUPERIOR MESENTERIC VESSELS

INTERVAL BETWEEN ONSET AND DEATH: 24 HOURS

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 3/23/67

19b. MAJOR FINDINGS OF OPERATION INFARCTION OF SMALL BOWEL DUE TO MESENTERIC THROMBOSIS.

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960 *to* 3/23 1967, *that I last saw the deceased alive on* 3/23 1967, *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Donald P. Lawrence MD

23b. ADDRESS 105 W 2nd EMMETT IDA

23c. DATE SIGNED 3/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE Mar. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY Emmett

24d. LOCATION (City, town, or county) (State) Emmett, Idaho

DATE REC'D BY LOCAL REG. March 27, 1967

REGISTRAR'S SIGNATURE Jean C. Beatty

25. EMBALMER Jean C. Beatty LICENSE NO. E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 18 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1172
Local Reg. No. 24
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED
APR 3 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem (230)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (In this place): 8 mos

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem (230)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Route 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 (177)

3. NAME OF DECEASED (Type or Print): a. (First) Daniel b. (Middle) Leonard c. (Last) Denten

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: May 13, 1904
9. AGE (In years last birthday): 62 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer (04)
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W.J.Denten — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Elizabeth Bennett — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 09 8503
17. INFORMANT'S OWN SIGNATURE: X W. J. Denten — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carbon Monoxide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 07 farm
21c. (CITY, TOWN, OR TOWNSHIP) (230) (COUNTY) (STATE): Emmett Gem, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: self administered

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Glenn W Beatty (583)
(Degree or title): Coromer Gem County
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: Mar. 30, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: Mar. 30, 1967
REGISTRAR'S SIGNATURE: Glenn W Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392
FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 6 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1173
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: GOODING 240 MAR 13 1967 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (In hospital): 20, IRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 418 E. AV. B.

3. NAME OF DECEASED (Type or Print)
a. (First): MADELINE
b. (Middle): TOLMAN
c. (Last): HOPKIN

4. DATE OF DEATH (Month) (Day) (Year): MAR. 1 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOW 2
8. DATE OF BIRTH: NOV, 29, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: DOMESTIC
11. BIRTHPLACE (State or foreign country): FAIRVIEW WYO.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: L.J.TOLMAN — BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: JANE HUNTSMAN — BIRTHPLACE: UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-34-6844
17. INFORMANT'S OWN SIGNATURE: MRS. J.E.BARRUS — ADDRESS: 418, E, AV, B. WENDELL, IDAHO.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Diabetes Mellitus	18 yrs.
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. ~~DUE TO~~ (b)	Hypertensive Cardio Vascular Dis	18 yrs
DUE TO (c)	Arteriosclerosis	10 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	20 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* death, 19__, *that I last saw the deceased alive on* Feb 28, 1967, *and that death occurred at* 12:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold G. Holsinger, MD 240
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): TRANSPORTATION
24b. DATE: 3/4/1967
24c. NAME OF CEMETERY OR CREMATORY: AFTON
24d. LOCATION (City, town, or county) (State): CITY WYO.

DATE REC'D BY LOCAL REG.: 3-6-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: J. Farrish Weaver — LICENSE NO. E 353
FIRM NAME: weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

M. V. R. Ziegler

Certificate of Death

STATE OF IDAHO

State File No. 1174
Local Reg. No.
Reg. Dist. No.

RECEIVED MAR 1 31967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Gooding 240 1-18 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding — LENGTH OF STAY (in this place): 18 years — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence Route #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 240 — b. COUNTY: Gooding — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding — d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)
a. (First) Vernon	b. (Middle) W	c. (Last) Murphy	March 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	December 1, 1926	40		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retail Merchant 32	Grocery	Twin Falls, Idaho.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James C. Murphy	Iowa	Emma Jane Pickard	Maryville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-28-5584	X Marge Murphy	Gooding, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Rheumatic Heart Disease (Mitral Valve)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* none.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-24-67, 19__, *to* 3-3-67, 19__, *that I last saw the deceased alive on* 3-2-67, 19__, *and that death occurred at* 2:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin W. Ziegler M.D.	Gooding, Idaho	3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-6-1967	Elmwood Cemetery	Gooding Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67	Robert D. Meyer	Robert D. Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1175
Local Reg. No. [illegible]
Reg. Dist. No. 42[illegible]

Certificate of Death

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman (rural)
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): CORA
b. (Middle): M.
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 10, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Leroy, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: W. F. Tevler — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Mary P. Walker — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: X Mrs. Wm. L. Howard — ADDRESS: Hansen, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis of Superior Mesenteric artery c abdominal angina — 7 yrs
DUE TO (c) Inanition — 7 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Recent Upper Respiratory infection — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-3, 1966, *to* death, 19__, *that I last saw the deceased alive on* 3-8-, 1967, *and that death occurred at* 4:40a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold G. Holsing 240 (Degree or title) [illegible]
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer -

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1176
Local Reg. No. 29-41
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 MAR 2 8 1967 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding (Burial at Vital Statistics) c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130 b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Estella	Maria	Moon	March 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	March 8, 1886	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Oneida Co. Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reuben Moon	St. George, Utah	Lucy Emma Harris	Kaysville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-60-3135	X Floyd Moon	Fairfield, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage 33 1/2 — INTERVAL BETWEEN ONSET AND DEATH 24hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 14 Mar, 1967, to 15 Mar, 1967, *that I last saw the deceased alive on* 15 Mar 1967, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ernest H. Holmes MD	Gooding Idaho	16 Mar 67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-20-67	Manard Cemetery	Camas Co, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-25-67	Estella Meyer	Estella Meyer	E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Mr. B. A. Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 1177
Local Reg. No. 2942
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 MAR 28 1967 100
b. CITY OR TOWN Hagerman (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Hagerman 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location) City Hagerman

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Stephen	Alfred	Winegar	March 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 22, 1881	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Wheeler, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Winegar	Iowa	Emily Newberry	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-40-7792	X Robert L Meyer	Thompson Chapel Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Congestive Failure
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* —, 196—, *to* 17 Mar 1967, *that I last saw the deceased alive on* 1 Mar, 1967, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward A Erdmann MD	Gooding, Idaho	23 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 21, 1967	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-25-67	Robert L Meyer	Robert L Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1178
Local Reg. No. 23 73
Reg. Dist. No. 42c

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 APR 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240 b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Isabell	090	Blanchard	March 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Feb. 27, 1878	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07	Domestic	Grass Valley, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Joseph Furniss	England	Helen Harper	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-7816	Edna Harmon	Hagerman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 19, 1967, *to* March 23, 19 67, *that I last saw the deceased alive on* March 23, 19 67, *and that death occurred at* 5:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Gooding, Idaho	3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28-1967	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-28-67	[signature]	[signature]	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. B. A. Bodmer

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1179
Local Reg. No. 2777
Reg. Dist. No. 42

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 APR 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and Rural township) Gooding Bureau of Vital Statistics LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location) Box 148

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Carroll	Kenneth	Condit	March 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Dec. 15, 1914	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocer 22	Grocery Store	Hagerman, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. Linford Condit	Washington	Delia Parks	North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	183X	Wayne K. Condit	Fort Knox Kentucky

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Right Lung — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 20 Mar, 19 67, *to* 24 Mar, 19 67, *that I last saw the deceased alive on* 24 Mar, 19 67 *and that death occurred at* 10:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jerauld A. Gilmore MD	Gooding Idaho	24 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-29-67	Hagerman Cemetery	Hagerman, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-5-67	Robert L. Meyer	Robert L. Meyer	E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1180
Local Reg. No. 2943
Reg. Dist. No. 426

Certificate of Death

RECEIVED APR 7 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 313 Colorado Street

3. NAME OF DECEASED (Type or Print)
a. (First): Mamie
b. (Middle): Montgomery
c. (Last): Harnett

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 26, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Libertyville, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Montgomery — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Carrie Evans — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-2322
17. INFORMANT'S OWN SIGNATURE: X Mrs John W Cooper (Jean Harnett) — ADDRESS: Salt Lake City

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebrovascular Accident (Stroke) — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arthritis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Glaucoma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 19__, *to* March 28, 1967, *that I last saw the deceased alive on* March 28, 1967, *and that death occurred at* 3:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion V Kleigler MD 285
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 4-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-30-67
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 4-[illegible]
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature] — LICENSE NO. EC-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 19 1967

OCT 23 1967

DEC 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. B. A. Bodmer -

Certificate of Death

State File No. 1181
Local Reg. No. 29 4
Reg. Dist. No. 42

BIRTH NO. RECEIVED STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY Gooding 240 APR 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding Bureau of Vital Statistics
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First) Ada
b. (Middle) Rebecca
c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 8, 1887
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marriner W. Merrell — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Lucena Shepherd — BIRTHPLACE Richmond, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-01-8206
17. INFORMANT'S OWN SIGNATURE Joseph A Smith — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Kidney Disease — 10 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1964, *to* 29 Mar, 1967, *that I last saw the deceased alive on* 29 Mar, 1967, *and that death occurred at* 8:00 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE 049 (Degree or title) Bernard A. Bodmer M.D.
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 30 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-1-1967
24c. NAME OF CEMETERY OR CREMATORY Lewiston Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Utah

DATE REC'D BY LOCAL REG. 4-5-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. C-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Bodmer

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1182
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 APR 7 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) Route # 2

3. NAME OF DECEASED (Type or Print) a. (First) Ora b. (Middle) Ellen c. (Last) Luther

4. DATE OF DEATH (Month) (Day) (Year) March 30, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 17, 1886

9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Domestic

11. BIRTHPLACE (State or foreign country) Jefferson, Green Co., Iowa

12. CITIZEN OF WHAT COUNTRY U.S.G

13. FATHER'S NAME BIRTHPLACE John H. High Francisville, Ind.

14. MOTHER'S MAIDEN NAME BIRTHPLACE Agnes E. Corbin Montello, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-54-0035

17. INFORMANT'S OWN SIGNATURE X Carter Luther ADDRESS Gooding Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Feb, 1967, *to* 30 Mar, 1967, *that I last saw the deceased alive on* 25 Mar, 1967, *and that death occurred at* 4:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Bernard A. Bodmer MD
23b. ADDRESS Gooding Idaho
23c. DATE SIGNED 3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-3-1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 4-5-67
REGISTRAR'S SIGNATURE
25. EMBALMER Robert L. Meyer
LICENSE NO. E-424

FIRM NAME: Thompson Chapel Gooding, Id.

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 2 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1183
Local Reg. No. 775
Reg. Dist. No. 244

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Idaho 250 1-65
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kooskia
c. LENGTH OF STAY (in this place) 65 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) in car between home and Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250 COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Rt. 1 Box 56

3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Paul c. (Last) Kiele

4. DATE OF DEATH (Month) (Day) (Year) March 4 1967

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH April 23 1895
9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming 64
10b. KIND OF BUSINESS OR INDUSTRY own land
11. BIRTHPLACE (State or foreign country) Waupaca Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME August C. Kiele BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Louise Hartwig BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WWI 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Willie G. Kiele ADDRESS Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphasema & Fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 Feb, 1966, *to* death, 19__, *that I last saw the deceased alive on* 14 Feb, 1967, *and that death occurred at* 10:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Milton H. Wittse, M.D. (Degree or title) 621
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 8 Mar. 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 13 1967
24c. NAME OF CEMETERY ~~OR CREMATORY~~ Community Lutheran
24d. LOCATION (City, town, or county) Kamiah Idaho (State) Idaho

DATE REC'D BY LOCAL REG. March 10 1967
REGISTRAR'S SIGNATURE Claude Trenary
25. EMBALMER Robert R. Hansen
LICENSE NO. E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1184
Local Reg. No. 4
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

RECEIVED APR 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 250
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood 2 mi E
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): Ann
c. (Last): Arnzen

4. DATE OF DEATH (Month) Mar (Day) 5 (Year) 67

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 2 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Humphrey Nebraska
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Wemhoff — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Brockhaus — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lawrence Arnzen — ADDRESS: Cottonwood

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Melanoma — INTERVAL BETWEEN ONSET AND DEATH: 8 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

1909

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11, 1966, *to* 3-5, 1967, *that I last saw the deceased alive on* 3-5, 1967, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 100 K. V. Collins MD
23b. ADDRESS: Craigmont Ida
23c. DATE SIGNED: 3-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 8 67
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood Idaho

DATE REC'D BY LOCAL REG.: Mar. 6, 1967
REGISTRAR'S SIGNATURE: W. F. Orr, M.D. by M.
25. EMBALMER: Clem Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1185
Local Reg. No. 12
Reg. Dist. No. 240

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

MAR 29 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkhill Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): 331
c. (Last): Bubel

4. DATE OF DEATH (Month) (Day) (Year): Mar 12 67

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov 8 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Uniontown, Washington
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Joseph Scherer — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Katherine Schlader — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-48-1714
17. INFORMANT'S OWN SIGNATURE: Mrs. Joan Brown — ADDRESS: Nezperce

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Atrial Fibrillation

DUE TO (c): Stokes-Adams Syndr.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Carefy Dr. 19 Morrison, my partner, 19 *that I last saw the deceased alive on* 12 Mar., 1967, *and that death occurred at* 11:20 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Milton H. Wiltse, M.D. (Degree or title): 621
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 15 Mar. 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 16 1967
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Nezperce, Idaho

DATE REC'D BY LOCAL REG.: Mar. 23, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Albert Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Uhlorn Funeral Home

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1186
Local Reg. No. 13
Reg. Dist. No. 240

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 — APR 5 1967 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville — Bureau of Vital Statistics
c. LENGTH OF DEATH (If not in hospital or institution, give street address or location): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Mable
c. (Last): Godwin

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 27 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife - Mother
10b. KIND OF BUSINESS OR INDUSTRY: farm home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Tweedy 01 — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Ella Storey — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-60-9509
17. INFORMANT'S OWN SIGNATURE: Mrs Robert Burton — ADDRESS: Kooskia Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 3/15/67 to 9 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Vascular accident 3/24/67
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Gastric Hypoacidity

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 2:18 P. m., from the causes and on the date stated above.*

23a. SIGNATURE: W M Morrison MD 373 (Degree or title)
23b. ADDRESS: Grangeville, Id
23c. DATE SIGNED: 2/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 27 1967
24c. NAME OF CEMETERY OR CREMATORY: Tahoe Cem.
24d. LOCATION (City, town, or county): Kooskia (State): Idaho.

DATE REC'D BY LOCAL REG.: Mar. 31, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R Hansen — LICENSE NO. E433
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 0 3 2005

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1187
Local Reg. No. 14
Reg. Dist. No. 240

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

APR 13 1967 2-01
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nezperce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lapwai
d. STREET ADDRESS (If rural, give location): Lapwai

3. NAME OF DECEASED (Type or Print)
a. (First): LEWIS
b. (Middle): F
c. (Last): STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: July 4, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Rock Creek, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George W. Stephens — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Annie Chambers — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 26 5721 A
17. INFORMANT'S OWN SIGNATURE: Robert G Stephens — ADDRESS: Grangeville, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Card. Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): CVA
DUE TO (c): Prostatism

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1966, *to* Time, 1967, *that I last saw the deceased alive on* Death, 19__, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse, M.D. 621
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/3/67
24c. NAME OF CEMETERY OR CREMATORY: Prairieview
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: April 8 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R Hansen — Robert R Hansen
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1188
Local Reg. No. 15
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
APR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 250 Idaho 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah Rural
c. LENGTH OF STAY (in this place) Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ranch East of Kamiah 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Kamiah Rural

3. NAME OF DECEASED (Type or Print)
a. (First) CARTER
b. (Middle) POPE
c. (Last) ADAMS

4. DATE OF DEATH (Month) (Day) (Year) March 29, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 2

8. DATE OF BIRTH Sept 13, 1892

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Mt Zebulon, Georgia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Reuben Adams
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Jennie Jones
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW#1 3

16. SOCIAL SECURITY NO. 519 12 4818

17. INFORMANT'S OWN SIGNATURE Mrs. Pope Adams
ADDRESS Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Card: Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION pronounced dead per Dr. Kruz, Kamiah.

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 8:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE Milton H. Walker, M.D. (Degree or title)

23b. ADDRESS

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 1, 1967

24c. NAME OF CEMETERY OR CREMATORY Woodland

24d. LOCATION (City, town, or county) (State) Woodland, Idaho

DATE REC'D BY LOCAL REG. April 8, 1967

REGISTRAR'S SIGNATURE Lena Cone

25. EMBALMER Robert K Hansen

LICENSE NO. E 433

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 27 1967

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1189
Local Reg. No. 76
Reg. Dist. No. 640

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Jefferson 260 — APR 3 1967 — 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Deer Park — LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deer Park 632

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 060 — b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Atomic City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First) CLARENCE — b. (Middle) JOSEPH — c. (Last) HOWE

4. DATE OF DEATH — (Month) March (Day) 10, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 15, 1910

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 11

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Sunnyside, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred James Howe — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Rebecca Wheelwright, — BIRTHPLACE: Hooper, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.: 720-03-5423

17. INFORMANT'S OWN SIGNATURE: Ida Howe — ADDRESS: Atomic City, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:10P m., from the causes and on the date stated above.*

23a. SIGNATURE 583 Norman Hall — (Degree or title) Coroner 4

23b. ADDRESS: Rigby, Idaho

23c. DATE SIGNED: 11 MAR 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 15, 1967

24c. NAME OF CEMETERY OR CREMATORY: Arimo Cemetery

24d. LOCATION (City, town, or county) (State): Arimo, Bannock, Idaho

DATE REC'D BY LOCAL REG.: Mar 28 1967

REGISTRAR'S SIGNATURE: Mrs A B Eskuell

25. FUNERAL DIRECTOR: Conway Grant

ADDRESS: 510 N. 12th Ave

Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

FEB 21 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

E-404

This body embalmed under direction of Bruce A. Eckersell Lic. No. XXXX at Rigby, Idaho on 10 MAR 67

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1190

Local Reg. No.

Reg. Dist. No.

BIRTH NO.

260

APR 3 1967

1-07

Division of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Jefferson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

c. LENGTH OF STAY (In this place): 7 years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 143 S. 2nd W.

000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 260

b. COUNTY: Jefferson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby

d. STREET ADDRESS (If rural, give location): 143 S. 2nd W.

3. NAME OF DECEASED (Type or Print): a. (First) DILLON b. (Middle) WAYNE c. (Last) LATER

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 10, 1909

9. AGE (In years last birthday): 58 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator 12

10b. KIND OF BUSINESS OR INDUSTRY: School

11. BIRTHPLACE (State or foreign country): Rigby, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Samuel Steven Later — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Helena Mary Hayes — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-30-0307

17. INFORMANT'S OWN SIGNATURE: Ronald Dillon Later — ADDRESS: Anchorage, Alaska

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease — 2 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: None performed

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/9, 1965, *to* 27 mar, 1967, *that I last saw the deceased alive on* 19 mar, 1967, *and that death occurred at* 5:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 532 Cisel Tall — (Degree or title): M.D. — **23b. ADDRESS**: Rigby, Idaho. — **23c. DATE SIGNED**: 3/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar. 30, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Pioneer — **24d. LOCATION** (City, town, or county) (State): Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG.: 3/29/67 — REGISTRAR'S SIGNATURE: Myra B Eckersell — **25. FUNERAL DIRECTOR**: Bruce A Eckersell — ADDRESS: Rigby, Idaho.

Federal Security Agency
United States Public Health Service

Form DPH-48021

APR 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

OCT 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 24 2005

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 1191
Local Reg. No. 77
Reg. Dist. No. 640

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Roberts
c. LENGTH OF STAY (In this place) Min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1 Mi. West of Roberts

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Lewisville
d. STREET ADDRESS (If rural, give location) Roberts, Idaho. Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): CHARLES ALBERT HARRIS

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 31,1919
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Roberts, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Albert Harris — BIRTHPLACE: Steinauer, Neb.
14. MOTHER'S MAIDEN NAME: Myrtle Roscoe — BIRTHPLACE: Pueblo, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) WW 2 4
16. SOCIAL SECURITY NO.: 518-18-6698
17. INFORMANT'S OWN SIGNATURE: Clarence C Harris — ADDRESS: Roberts, Ida. #1

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that* ~~I attended the deceased from XXXXXXXXXX, 19XXX, to XXXXXXXXXX, 19XXX, that I last saw the deceased alive on XXXXXXXXXX, 19XXX, and that death occurred at* 12:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norman Hall 583 Coroner 4
23b. ADDRESS: Rigby, Idaho
23c. DATE SIGNED: Mar.28,1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Mar.30,1967
24c. NAME OF CEMETERY OR CREMATORY: Pine View
24d. LOCATION (City, town, or county) (State): Ashton Fremont Idaho

DATE REC'D BY LOCAL REG.: Mar. 28 1967
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

MAY 17 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

404

This body embalmed under direction of Bruce A. Eckersell No. E[illegible] at Rigby on 3-27-67

ADDITIONAL REMARKS by Physician .....

State File No. 1192
Local Reg. No. 976
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 270 000
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Benedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 207 West 5th

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) Emerson c. (Last) Davis

4. DATE OF DEATH (Month) March (Day) 4 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 4 1905
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months 8 Days 00 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 22
10b. KIND OF BUSINESS OR INDUSTRY Oil Dealer
11. BIRTHPLACE (State or foreign country) Muncie Indiana
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Frank T Davis BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME x Mary Creek BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-2276
17. INFORMANT'S OWN SIGNATURE x Mrs. Frank E. Davis ADDRESS Jerome Idaho

18. CAUSE OF DEATH 410 X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mitral regurgitation, arterial hypertension, heart failure, uremia — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ — 3 mo., 1 wk

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 3/4/67, 19__, *that I last saw the deceased alive on* 3/4/67, 19__, *and that death occurred at* 540 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 477 N. Carlyle Smail (Degree or title) M.D.
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 3/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 8, 1967
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) (State) Jerome Idaho

DATE REC'D BY LOCAL REG. March 7, 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. FUNERAL DIRECTOR J R Wiley ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J. R. Wiley Lic. No. E 258 at Jerome Idaho on 3/4/67

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 1193
Local Reg. No. 277
Reg. Dist. No. 446

BIRTH NO.

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 270 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 3-03 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320 b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) GREGORIA c. (Last) BILBAO

4. DATE OF DEATH (Month) (Day) (Year) Mar. 7, 1967

5. SEX FEMALE

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Dec. 24, 1891

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Spain
Elorria, Viscaya Province, Sp.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ignacio Berriochoa
BIRTHPLACE Elorria, Spain

14. MOTHER'S MAIDEN NAME Antonia Capistain!
BIRTHPLACE Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE x Simon Bilbao
ADDRESS Shoshone, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — "
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mch 2, 1967, *to* Mch 7, 1967, *that I last saw the deceased alive on* Mch 7, 1967, *and that death occurred at* 9:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D. 386

23b. ADDRESS Box 68 Shoshone Idaho

23c. DATE SIGNED 3-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-10-1967

24c. NAME OF CEMETERY OR CREMATORY Shoshone Cemetery

24d. LOCATION (City, town, or county) Shoshone, Idaho (State)

DATE REC'D BY LOCAL REG. March 14 1967

REGISTRAR'S SIGNATURE Louella M. Acherar

25. EMBALMER Francis M. Bergin

LICENSE NO. E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 4 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

We have WILLIAM H. SMITH on form, printed by this patient when first seen in my office

Certificate of Death

STATE OF IDAHO

State File No. 1194
Local Reg. No. 973
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAR 20 1967 Bureau

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome 270
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Box 394

3. NAME OF DECEASED (Type or Print): X
a. (First): Woodson
b. (Middle): O. 099
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 20, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired custodian
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Waverly, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown 01
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 510-01-6602A
17. INFORMANT'S OWN SIGNATURE: Mrs Faye Hoffman
ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Myocardial infarction, quiet — 6-7 days
~~DUE TO (c)~~ Hydronephrosis from prostatic hypertrophy. Diabetic — Months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 2/17/67
19b. MAJOR FINDINGS OF OPERATION: Low thigh amputation, left. gangrene left leg
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 2/28/63, 19__, *to* 3/8/67, 19__, *that I last saw the deceased alive on* 3/8/67, 19__, *and that death occurred at* 6:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Carlyle Buail 477 MD
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 3/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-13-67
24c. NAME OF CEMETERY OR CREMATORY: Hazelton Cemetery
24d. LOCATION (City, town, or county) (State): Hazelton Idaho

DATE REC'D BY LOCAL REG.: March 17, 1967
REGISTRAR'S SIGNATURE: Lorella M. Scherer
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

DUTIES:

MAY 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1195
Local Reg. No. 972
Reg. Dist. No. 440

Certificate of Death

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 290
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): 288 East Ave. "B"

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH
b. (Middle): 099
c. (Last): SANT

4. DATE OF DEATH (Month) (Day) (Year): March 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 29, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Clifton, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Nathan Smith — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Jane Sant — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: X Alice Wood — ADDRESS: Oroville, Calif.

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 3:25p m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 457 Maurice E. Scheel MD
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: March 15, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1196
Local Reg. No. 976
Reg. Dist. No. 440

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAR 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (probably)
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): unknown 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 309 4th. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): ALTA
b. (Middle): FRANCES
c. (Last): SIMERLY

4. DATE OF DEATH (Month) (Day) (Year): Approximately 3/14 or 3/15 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: July 5, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Roubidoux, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Jones — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Easter Pinkston — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 28 5149
17. INFORMANT'S OWN SIGNATURE: Rud Ann Simerly — ADDRESS: Shell Beach, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple headwounds & skull — INTERVAL BETWEEN ONSET AND DEATH: ? minutes only.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

983X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 270 (COUNTY): Jerome (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): not known m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Inflicted by person or persons unknown

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I last saw the deceased alive on* ——, 19__, *and that death occurred at* unknown, *from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): R. McKeher, M.D. Coroner
23b. ADDRESS: Jerome
23c. DATE SIGNED: 22 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Mar. 23, 1967
REGISTRAR'S SIGNATURE: Louella M. Beherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1197
Local Reg. No. 974
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270 MAR 2 3 1967
b. CITY OR TOWN Jerome (If outside corporate limits, write RURAL and give township) Bureau of Vital Statistics
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN Jerome (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location) 520 10th. Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROBERT	JAKIE	JONES	March 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 3, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Columbus, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wyatt B. Jones	Missouri	Minnie L. Betty	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 42 5758	X Mrs. Mabel Jones	Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis (myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute hypoid diverticulitis & abscess & Peritonitis — 2 Weeks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Dec 9, 1952 *to* Mar 17, 1967, *that I last saw the deceased alive on* Mar 17, 1967, *and that death occurred at* 5:50a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Jerome Ida	3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 20, 1967	Hillcrest Cemetery	Shelley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 20, 1967	Loucia M. Schurr	[signature]	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
MAR 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1198
Local Reg. No. 975
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): ELECTA
b. (Middle): JANE
c. (Last): ANGLIN

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 11, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Homemaking
11. BIRTHPLACE (State or foreign country): Mt. Home, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alvie Morris — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Judy Byrd — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Leonard Riley — ADDRESS: X Eden, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 40 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1959, *to* 1/7, 1967, *that I last saw the deceased alive on* 1/7, 1967, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Stout 476 (Degree or title): M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Mar. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. Home Cemetery
24d. LOCATION (City, town, or county) (State): Mt. Home, Arkansas

DATE REC'D BY LOCAL REG.: March 20, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: Ronald J. Hamilton — LICENSE NO.: E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1199
Local Reg. No. 977
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 270

a. COUNTY: Jerome

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

c. LENGTH OF STAY (in this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 328 8th. Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 270 b. COUNTY: Jerome

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome

d. STREET ADDRESS (If rural, give location): 328 8th. Ave. West

3. NAME OF DECEASED (Type or Print)

a. (First): CHARLES b. (Middle): c. (Last): FLICK

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 27, 1878

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Bridgewater, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Flick — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mary Wagner — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519 26 8821

17. INFORMANT'S OWN SIGNATURE: X Mrs Mary E. Flick — ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary infarction — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Angina pectoris — Many years

DUE TO (c): Arterial hypertension — Years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Prostatic obstruction — 2 years

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* 3/18/67, 19__, *that I last saw the deceased alive on* 2/27/67, 19__, *and that death occurred at* 1:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE 477 (Degree or title): W. Carlyle Smail M.D.

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 22, 1967

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: Mar. 22, 1967

REGISTRAR'S SIGNATURE: Louella M. Scherer

25. EMBALMER: W. L. Hove

LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 20 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1200
Local Reg. No. 976
Reg. Dist. No. 440

RECEIVED MAR 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY Jerome 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 17 Kansas 555
b. COUNTY Gove
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gove
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Leslie b. (Middle) Lile c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 10-1-1895
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer&Merchant
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Gove, Kansas
12. CITIZEN OF WHAT COUNTRY? White USA

13. FATHER'S NAME George T. Brown 04 BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Elizabeth Jackson BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 513-38-6486-A
17. INFORMANT'S OWN SIGNATURE Katie L. Smith ADDRESS Jerome, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Kidney

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hemorrhage

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 6 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/16, 19 6, *to* 3/20, 19 67, *that I last saw the deceased alive on* 3/20, 19 67, *and that death occurred at* 1019 *m., from the causes and on the date stated above.*

23a. SIGNATURE 476 J. E. Shoat (Degree or title) M.D.
23b. ADDRESS Jerome Ida
23c. DATE SIGNED 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
24b. DATE 3-21-67
24c. NAME OF CEMETERY OR CREMATORY Gove Cemetery
24d. LOCATION (City, town, or county) Gove (State) Kansas

DATE REC'D BY LOCAL REG. March 20, 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. EMBALMER Ronald J. Hamilton LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 30 1967

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to obtain the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 28 1967 Bureau of Vital Statistics

State File No. 1201
Local Reg. No. 979
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 13 Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 415 1st Av West

3. NAME OF DECEASED (Type or Print)
a. (First): Lucy
b. (Middle): May
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): March 21 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29.1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months 10 Days 22 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Leon Oklahoma
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William Case — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Molessa Beverly — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-24-3050 AX
17. INFORMANT'S OWN SIGNATURE: Mrs. W. L. Gill — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__ *to* —, 19__, *that I last saw the deceased alive on* —, 19__, *and that death occurred at* approx 5 m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. M. Usher, M.D. 583 (Degree or title): Coroner
23b. ADDRESS: Jerome
23c. DATE SIGNED: 23 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Mar. 27, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J. R. Wiley Lic. No. E 258 at Jerome Idaho on 3/21/67

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 18 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1202
Local Reg. No. 984
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): 2yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Nursing Home 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070 COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dave	M.	Johnson	March 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	Nov. 26, 1873	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06		Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Moritz Johnson	Germany	Margaret Christophenson	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Dick A Johnson	Bellevue, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2885 Malignant Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-25-67, to 3-25, 1967, *that I last saw the deceased alive on* 3-22, 1967, *and that death occurred at* 8:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson MD	334	Jerome Idaho	3-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/28/67	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 10, 1967	Louella M. Hekerer	Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED MAR 30 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1203
Local Reg. No. 486
Reg. Dist. No. 446

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 27 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 999
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome 27C
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 114 No. Cleveland

3. NAME OF DECEASED (Type or Print) a. (First) MELVIN b. (Middle) HERBERT c. (Last) HUFFINGTON

4. DATE OF DEATH (Month) (Day) (Year) March 26, 1967

5. SEX Male

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH April 10, 1882

9. AGE (In years last birthday) 84 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) McCune, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George W. Huffington BIRTHPLACE Indiana

14. MOTHER'S MAIDEN NAME Barbara Cly BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518 42 5545

17. INFORMANT'S OWN SIGNATURE X E E Huffington ADDRESS Buena Park Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of urinary bladder — INTERVAL BETWEEN ONSET AND DEATH Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility; uremia

19a. DATE OF OPERATION 3/3/67

19b. MAJOR FINDINGS OF OPERATION Carcinoma urinary bladder and prostate

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/7/67, 19___, *to* 3/26/67, 19___, *that I last saw the deceased alive on* 3/25/67, 19___, *and that death occurred at* 6:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE N. Carlyle Rund (Degree or title) MD

23b. ADDRESS Jerome, Idaho

23c. DATE SIGNED 3/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 29, 1967

24c. NAME OF CEMETERY OR CREMATORY Richfield Cemetery

24d. LOCATION (City, town, or county) (State) Richfield, Idaho

DATE REC'D BY LOCAL REG. March 29, 1967

REGISTRAR'S SIGNATURE Louisa M. Ackerer

25. EMBALMER W. B. Hove

LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 26 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1204
Local Reg. No. 978
Reg. Dist. No. 440

Certificate of Death

RECEIVED
MAR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 270 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital 099

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt 1 Jerome
d. STREET ADDRESS (If rural, give location): Rt 1

3. NAME OF DECEASED (Type or Print)
a. (First): Sophia
b. (Middle): Elizabeth
c. (Last): Fuller

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 5 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months 11 Days 21 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nevada Missouri
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: Robert H Muffler — BIRTHPLACE: Murphysboro Illinois
14. MOTHER'S MAIDEN NAME: Sarah Elizabeth Reynolds — BIRTHPLACE: Platt City Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-52-2045
17. INFORMANT'S OWN SIGNATURE: J. B. Fuller — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pancreatitis c̄ Biliary obstruction — INTERVAL BETWEEN ONSET AND DEATH: 13 dos

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertension — ?

19a. DATE OF OPERATION: 3-17-67
19b. MAJOR FINDINGS OF OPERATION: atrophic sclerotic Gallbladder - Obstructive Jaundice
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-15, 1967, *to* 3-26, 1967, *that I last saw the deceased alive on* 3-26, 1967, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Reuben C. Matson M.D. 236 (Degree or title)
23b. ADDRESS: Jerome Ida
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: March 29 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: Mar. 27, 1967
REGISTRAR'S SIGNATURE: Lonella M. Scherer
25. FUNERAL DIRECTOR: J. R. Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wiley Lic. No E 257 at Green Acres on 3/24/67

ADDITIONAL REMARKS by Physician /

Certificate of Death

STATE OF IDAHO

State File No. 1205
Local Reg. No. 981
Reg. Dist. No. 440

RECEIVED
APR 5 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
DURATION OF STAY (in this place): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LOUIE	D.	MULLINER	Mar. 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Nov. 20, 1884	82	4	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	home	Molen, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Jackson	Point of the Mountain Salt Lake City, Utah	Eliza Shaw	Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X Myrtle Hansen	Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 12hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 29, 1967, *to* March 29, 1967, *that I last saw the deceased alive on* March 29, 1967, *and that death occurred at* 4:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Lynn MD 386	Shoshone Idaho	3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-1-1967	Shoshone Cemetery	Shoshone, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 3, 1967	Louella M. Scherer	Francis M. Bergin	E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: OCT 15 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1206
Local Reg. No. 54
Reg. Dist. No. 120

Certificate of Death

BIRTH NO. 66-11087 RECEIVED STATE OF IDAHO

MAR 31 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 280 Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cataldo
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Route #1 cal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 280 Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cataldo
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) Dory
b. (Middle) Grace
c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year) Feb. 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Nov. 18, 1966
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 3 Days; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 28
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Coeur d'Alene, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James W. White BIRTHPLACE Oregon
14. MOTHER'S MAIDEN NAME Janet L. Kelly BIRTHPLACE Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE James W. White ADDRESS Cataldo, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardio Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH Less than hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Sudural Hematoma
DUE TO (c) Multiple Skull Fractures.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ~~ACCIDENT~~ ~~SUICIDE~~ HOMICIDE (Specify) 3 Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 01 Home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13 Cataldo Rt. 1. Kootenai 280 Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Mother threw Baby on floor.

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood, M.D. 582 (Degree or title) Coroner 4
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-22-1967
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. Mar. 27, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Geuff
LICENSE NO. E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1207
Local Reg. No. 39
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai — MAR 1 31967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake — Bureau of Vital Statistics
c. LENGTH OF STAY IN (this place): 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
William	Clyde	Jones	Mar	1,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	Jan 13, 1908	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ck. Package Prosser	Kaiser	Basalt Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reese D. Jones	England	Catherine Croft	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519 20 6832	Mrs. Ferne Jones	Spirit Lake Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* Mar, 1967, *that I last saw the deceased alive on* Nov 22 1966, *and that death occurred at* 11:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. Lanham MD 622	Hayden Lake, Idaho	3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-5-67	Cambridge	Cambridge Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 6, 1967	Lorraine K. Brush	Fred Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1208
Local Reg. No. 42
Reg. Dist. No. 120

Certificate of Death

BIRTH NO.

RECEIVED
MAR 17 1967
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Box 247

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location): Box 247

3. NAME OF DECEASED (Type or Print)
a. (First): Esther
b. (Middle): M.
c. (Last): Muehlethaler

4. DATE OF DEATH (Month) (Day) (Year): March 2, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 25, 1916
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse-Housewife 13
10b. KIND OF BUSINESS OR INDUSTRY: Own HOme
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Wm. Schmiel — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Not Available — BIRTHPLACE: ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 471-03-7382
17. INFORMANT'S OWN SIGNATURE: Charles Muehlethaler (Bn) — ADDRESS: Lake, Spirit

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* Nov. 1966, 19__, *that I last saw the deceased alive on* 11/22/66, 19__, *and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C. Fredriksson 177 (Degree or title) MD.
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-4-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Mar. 7, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. K. Kiplinger JR
LICENSE NO.: E-397
FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 1 7 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1209
Local Reg. No. 50
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai 281
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): C.
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 1, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Brillion, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Schneider — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Frederica (Unobtainable) — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Coeur d'Alene, Ida. — ADDRESS: ✓ Little B. Kernkamp

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ASHD.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-15-61, *19*___, *to* present, *19*___, *that I last saw the deceased alive on* 3-6-67, *19*___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 128 (Degree or title)
23b. ADDRESS: 816 Sherman, Coeur d'Alene, Idaho
23c. DATE SIGNED: 3-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-13-67
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Mar 15, 1967
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. EMBALMER: N. F. Pfeiffer Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

State File No. 1210
Local Reg. No. 51
Reg. Dist. No. 120

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
DURATION OF STAY (in this place): 2 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor NH 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Pend Oreille
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newport
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anna	Grace	Ratcliff	March 9 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Fe	White	Married 3	Jan 8 1888	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife C1	Own Home	Ritzville, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick McGrath	Ireland	Matilda Larson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	Russell W Ratcliff	Newport Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1551 Carcinoma of gallbladder — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* March, 1967, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W M Trumbull MD	30-2 av-N Cd'A	14 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3/9/67	Sherman Funeral Home	Newport, Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 15 1967	Lorraine K Brush	R. D. Sherman	QL 749

FIRM NAME: Sherman Funeral Home, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

DEC 18 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1211
Local Reg. No. 45
Reg. Dist. No. 120

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 108 3r. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Henry	Francis	Drew	Mar. 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	10-3-1907	59		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cat Driver 11	Retired	Pendelton, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II 4	518-05-4763	Mrs. Alice Drew,	Post Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4207

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis — INTERVAL: several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood (M.D.)	Coeur d'alene Idaho	3-14-'67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial		Evergreen, Cemetery	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 14, 1967	Lorraine K. Brush	Fred H. Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 11 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1212
Local Reg. No. 46
Reg. Dist. No. 120

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2114 Lakeside Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 2114 Lakeside Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	A.	Paul	Hanks	March 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	4/10/1911	55				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
St. Hyw. Dept.	Retired	Whitelakes, S.Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorrenzo Hanks	Iowa	Eutokia Oxley	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	519-10-4602	Mrs. Violet Hanks	Coeur d' Alene, I

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prabable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 60, *to* _____, 19 67, *that I last saw the deceased alive on* Jan. _____, 19 67, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d' Alene Idaho	3-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 14, 67	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 14, 1967	Lorraine K. Brush	Fred H. Nolland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1213
Local Reg. No. 49
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
LENGTH OF STAY (in this place): 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 406 S. 13th. St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,
d. STREET ADDRESS (If rural, give location): 406 S. 13th. St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alan	W.	Mason	Mar. 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Single	Nov. 6, 1966		4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
02		Everrett, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Mason	Coeur d' Alene	Sally Lines	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	Mr. David Mason	Coeur d' Alene, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	INTERVAL BETWEEN ONSET AND DEATH
	pneumonia.	1 day.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec. 1, 1966, *to* Mar. 12, 1967, *that I last saw the deceased alive on* Mar. 11, 1967, *and that death occurred at* 6 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coeur d'alene Idaho	3-13-'67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/14/67	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 14, 1967	Lorraine K. Brush	Fred H. Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1214
Local Reg. No. 48
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LIMITS OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai 281
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 602 2nd St

3. NAME OF DECEASED (Type or Print)
a. (First): Julius
b. (Middle):
c. (Last): MacDonald

4. DATE OF DEATH (Month) (Day) (Year): Mar 16 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan 18 1883
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Duncan MacDonald — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Elizabeth Hodgins — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518 05 0695
17. INFORMANT'S OWN SIGNATURE: A Mrs. Donna Agarla — ADDRESS: Osborn Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple fractures of lower extremities open — lacerations head arm — car pedestrian accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: acute hemorrhage

INTERVAL BETWEEN ONSET AND DEATH: 3:30 min

19a. DATE OF OPERATION: Mar 16-67
19b. MAJOR FINDINGS OF OPERATION: amputation left leg BK — Right leg AK.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): CD 4 04 Street 18
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'Alene 281 Kootenai Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar 16-67 6:20 P.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: not known —

22. *I hereby certify that I attended the deceased from* Mar-16, 1967, *to* Mar 16, 1967, *that I last saw the deceased alive on* Mar 16, 1967, *and that death occurred at* 10:15 *pm., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John M. Lanham M.D. 622
23b. ADDRESS: Hayden Lake, Idaho
23c. DATE SIGNED: 3-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 20 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Mar. 23, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland — LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1215
Local Reg. No. 53
Reg. Dist. No. 120

RECEIVED MAR 31 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY IN THIS PLACE: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Pinewood Manor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ida		Fredekind	March 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	April 18, 1882	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 67	Own Home	Russia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Horn	Russia	Amelia Ticheman	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	534-20-3056	Mrs Norman Butler	Spokane, Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: One week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1, 1967, *to* 3/16, 1967, *that I last saw the deceased alive on* 3/16/67, 19__, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard H. Enbom MD	Hayden Lake Idaho	3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-20-1967	Restlawn Memorial Pk.	Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 27, 1967	Lorraine K. Brunk	Bill Duff	E-439

FIRM NAME: English Chapel Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1216
Local Reg. No. 52
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write [illegible] township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 1 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1037 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Cecil
b. (Middle): E.
c. (Last): Wilbur

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 20, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 24
10b. KIND OF BUSINESS OR INDUSTRY: Diamond Nat'l.
11. BIRTHPLACE (State or foreign country): Sedro Wooley, Wn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Hiram Wilbur — BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Ida Pettis — BIRTHPLACE: Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 533-01-6739
17. INFORMANT'S OWN SIGNATURE: X Jennie Wilbur — ADDRESS: Coeur d'Alene Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypernephroma (R) Kidney.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-8-64, *19*___, *to* present, *19*___, *that I last saw the deceased alive on* 3-18-67, *19*___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 128 [illegible] MD
23b. ADDRESS: 816 Sherman Ave., Coeur d'Alene
23c. DATE SIGNED: 3-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-21-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Pk.
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Mar. 23, 1967
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. EMBALMER: N. K. Fipling [illegible]
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d'Alene,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1217
Local Reg. No. 47
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAR 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place): 63 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai 281
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes, NW Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle):
c. (Last): Levin

4. DATE OF DEATH (Month) (Day) (Year): Mar. 20 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 9/1/1969
9. AGE (In years last birthday): 97
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Smoland, Sweden
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Grace Lowry, Chicago, Ill.
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gangrene left leg — INTERVAL BETWEEN ONSET AND DEATH: 10 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) art. sclerosis — 25 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1967, *to* 3-20, 1967, *that I last saw the deceased alive on* 3/20, 1967, *and that death occurred at* 9 35 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alexander Barclay, MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/23/1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: Mar 23 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred H. Noland
LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1218
Local Reg. No. 414
Reg. Dist. No. 120

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 617 Empire

3. NAME OF DECEASED (Type or Print): a. (First) Sybil; b. (Middle) A.; c. (Last) Buchell

4. DATE OF DEATH: (Month) March (Day) 20 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 22, 1887

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): College City, Calif.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John A. Moyer
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Lucinda Noe
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 530-07-6783

17. INFORMANT'S OWN SIGNATURE: Ruth M. Vaughn
ADDRESS: Coeur d'Alen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — years
DUE TO (c) Generalized arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 4, 1967, *to* Mar 20, 1967, *that I last saw the deceased alive on* Mar 20, 1967, *and that death occurred at* 9:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Wray Wilson (Degree or title) MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 3-27-1967
24c. NAME OF CEMETERY OR CREMATORY: Moon's Funeral Home
24d. LOCATION (City, town, or county) (State): Sandpoint, Ida.

DATE REC'D BY LOCAL REG.: Mar 23, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Neff
LICENSE NO.: E-439
FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 5 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1219
Local Reg. No. 56
Reg. Dist. No. 120

Certificate of Death

RECEIVED APR 7 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cœur d'Alene
d. STREET ADDRESS (If rural, give location): 607 Hubbard

3. NAME OF DECEASED (Type or Print)
a. (First): Lars
b. (Middle): Jesse
c. (Last): Dahl

4. DATE OF DEATH (Month) (Day) (Year): Mar 22 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 24, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Poultry
11. BIRTHPLACE (State or foreign country): Clinton Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Andrew Dahl — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518 03 0832
17. INFORMANT'S OWN SIGNATURE: A Roy Dahl. — ADDRESS: CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8-10 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, Chronic
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Peptic ulcer. — 2 months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 3/22/67, 19__, *that I last saw the deceased alive on* 3/22/67, 19__, *and that death occurred at* 5:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lynn C. Fredrikson MD. N.D.
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 25 67
24c. NAME OF CEMETERY OR CREMATORY: Restlawn
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Mar 29, 1967
REGISTRAR'S SIGNATURE: Lorraine K Brush
25. EMBALMER: Fred Noland
LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1220
Local Reg. No. 58
Reg. Dist. No. 120

BIRTH NO.

RECEIVED APR 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Coeur d' Aleme
c. LENGTH OF STAY IN THIS PLACE: 28 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Gudrun b. (Middle) A. c. (Last) Livingston

4. DATE OF DEATH (Month) (Day) (Year): Mar. 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	9/29/1912	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife C/	Home	Lancford, North Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sigurd Lindvig	Norway	Unknown	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		516-09-6235	Ralph Livingston	Coeur d' Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5713

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sigmoid Colon Resection — 48 hours
DUE TO (c) Recurrent Sigmoid Volvulus — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
March 20, 1967	Redundant Sigmoid Colon	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 27, 1967, *to* March 22, 1967, *that I last saw the deceased alive on* March 22, 1967, *and that death occurred at* 10 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C S Thompson 531	MD	318 Elder Bldg Coeur d Alene Idaho	3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 24, 67	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar. 29, 1967	Lorraine L. Brush	Fred H. Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1221
Local Reg. No. 61
Reg. Dist. No. 120

RECEIVED
APR 7 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene HOmes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Ernest	E.	Reber	March	23,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	December 13, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Own Farm	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thos. Reber	Penn.	Ellen Hackman	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	Fred P Reber	Coeur d'Alene, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 days. Years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 3-23, 1967, *that I last saw the deceased alive on* 3-23, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coeur d'alene Idaho	3-28-'67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-27-1967	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 31, 1967	Lorraine K. Brush	Bill Lauff	E-439

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

APR 7 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1222
Local Reg. No. 55
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K.M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 305 W Linden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Winona	Ann	Collins	Mar	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	3-14-1908	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife & Teacher	Own Home Schools	Coeur d'Alene Ida	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Theodore Schmidt	Iowa	Nora Olmsted	Mich

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 46 3325	Mr. Wilber Collins	CdA. Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Arteriosclerotic heart disease decompensated. Grade IV	3 yrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Renal decompensation due to arteriolar nephrosclerosis	3 wks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1964, 19___, *to* 3-24, 1967, *that I last saw the deceased alive on* 3-23, 1967, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Howard A Hughes	MD	Coeur D'Alene Ida	3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-27-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 29, 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1223
Local Reg. No. 57
Reg. Dist. No. 120

RECEIVED
APR 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: KOOTENAI
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEUR D' ALENE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1301-E LAKESHORE DR.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEUR D' ALENE
d. STREET ADDRESS (If rural, give location): 1301-E-LAKESHORE DR.

3. NAME OF DECEASED (Type or Print)
a. (First): JEAN
b. (Middle): HAMILL
c. (Last): DEAN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 24, 1967

5. SEX: FEMALE
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: Feb 19, 1916
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: OWN HOME
11. BIRTHPLACE (State or foreign country): ILLINOIS
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank S. Hamill — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Hallie Todd — BIRTHPLACE: Alabama

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Henry W. Dean (SD) — ADDRESS: 1301-E-Lakeshore Cd'a, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchiogenic Ca. c̄ metast.
INTERVAL BETWEEN ONSET AND DEATH: 18 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 3-24, 1967, *that I last saw the deceased alive on* 3-24, 1967, *and that death occurred at* 7 20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alexander Barclay Jr D
23b. ADDRESS: Coeur d Alene, Ida
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 3-28-67
24c. NAME OF CEMETERY OR CREMATORY: FOREST CEMETERY
24d. LOCATION (City, town, or county) (State): COEUR D' ALENE, IDAHO

DATE REC'D BY LOCAL REG.: Mar 31, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: M. F. Ripling Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: ENGLISH CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 11 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-2663 RECEIVED

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 1224
Local Reg. No. 68
Reg. Dist. No. 120

APR 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 6Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Edward	Wright	Mar	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	Mar 25, 1967				6Hrs	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Coeur d'Alene Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dick Wright	CdA. Ida	Violet Murphy	S. Dak

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. Dick Wright	Hayden Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hyaline Membrane	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3/25, 1967, *to* 3/26/, 1967, *that I last saw the deceased alive on* 3/26/67, 19___, *and that death occurred at* 5:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. J. Cederholm, M. D.	Hayden Lake, Idaho	4/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-28, 67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 12, 1967	Lorraine K. Brush	Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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0-61-26663

Certificate of Death

STATE OF IDAHO

State File No. 1225
Local Reg. No. 60
Reg. Dist. No. 120

RECEIVED
APR 7 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 410 Summit Avenue

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) P. c. (Last) Miller

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 25, 1882

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Valentine Miller
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Annie M. Bauer
BIRTHPLACE: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 536-20-9708

17. INFORMANT'S OWN SIGNATURE: X Mrs Ray Melvin ADDRESS: Coeur d'Alene Ida 607 Mesa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Disease

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* FEB 25, 1967, *to* Mar. 26, 1967, *that I last saw the deceased alive on* Mar. 26, 1967, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: H A Novak M.D. (Degree or title): 397
23b. ADDRESS: 1412 N. 4th St Coeur d'Alene, Idaho
23c. DATE SIGNED: Mar. 29 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-30-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Mar 31 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: K Hughes
LICENSE NO.: E-397
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1226
Local Reg. No. 58
Reg. Dist. No. 120

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

APR 7 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle):
c. (Last): Landt

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 1, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife C1
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Thom — BIRTHPLACE: Not Available
14. MOTHER'S MAIDEN NAME: Not Available — BIRTHPLACE: Not Available

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes give war or dates of service): None
16. SOCIAL SECURITY NO.: 343-12-4987
17. INFORMANT'S OWN SIGNATURE: M. I. Higgens — ADDRESS: Coeur d'Alene, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1960, to _____, 1967, that I last saw the deceased alive on March 24 1967, and that death occurred at 4 m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D M Gimpreckt M D 192
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 25 March

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-31-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: Mar. 31, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. K. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1227
Local Reg. No. 64
Reg. Dist. No. 120

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Galeon		Knight	3	30	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	8-15-1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self	Stockton Kans	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edday Knight	Unkown	Jennie Simmerman	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 22 6492A	Mrs. Ida Knight	Orofino Idaho

163X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-19, 1967, *to* 3-30, 1967, *that I last saw the deceased alive on* 3-29, 1967, *and that death occurred at* 1:24a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard H. Eglston 1658	MD	Hayden Lake, Idaho	4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3-30-67		Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 6 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information. APR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1228
Local Reg. No. 32
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Juliaetta
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLORENCE	MAY	JOHNSON	March 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	2/20/1881	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homekeeper	Own Home	Hillsboro, Oregon	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel Stevens	Michigan	Ingia Hickenbottom	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 44 3392	Mrs Faye Swan	Lewiston Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 794X Infirmities of Age — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-19, 19 67, *to* 3-6, 19 67, *that I last saw the deceased alive on* 3-6, 19 67, *and that death occurred at* 3:10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Omer A Denny 148	M.D.	Troy Idaho	3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	9 March 67	Kendrick City Cemetery	Kendrick, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 16, 1967	Patricia L. Kappen	Roscoe Ward	E. 380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: MERCHANT FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

State File No. 1229
Local Reg. No. 31
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 8 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob		Bushore	Mar	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	widowed	November 15, 1871	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	farm	Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jake Bushore	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-3318	Ray Trautman	Genesee, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	7947 Complications of Age	years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* Never, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Elmer H. Wing 148	MD	Troy, Idaho	3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar 11, 1967	Genesee City Cemetery	Genesee Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 14, 1967	Patricia L. Kappen	Ronald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-2669 RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1230
Local Reg. No. 39
Reg. Dist. No. 200

BIRTH NO.

APR 3 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 291 309
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY Whitman 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pullman
d. STREET ADDRESS (If rural, give location) 1404 Maple

3. NAME OF DECEASED (Type or Print)
a. (First) Michael
b. (Middle) Todd
c. (Last) Torgersen

4. DATE OF DEATH (Month) (Day) (Year) March 9, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married /
8. DATE OF BIRTH Feb. 28, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 9 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 02
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Allen L Torgersen
BIRTHPLACE Lewiston, Idaho
14. MOTHER'S MAIDEN NAME Myrtle Williams
BIRTHPLACE Lebanon, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Allen L Torgersen
ADDRESS Pullman, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7545

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 9 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/28/67, 19__, *to* 3/9/67, 19__, *that I last saw the deceased alive on* 3/9/67, 19__, *and that death occurred at* 1:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. Adams 001, M.D.
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial /
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery
24d. LOCATION (City, town, or county) (State) Pullman, Washington

DATE REC'D BY LOCAL REG. March 28, 1967
REGISTRAR'S SIGNATURE Patricia L. Kappen
25. EMBALMER [signature]
LICENSE NO. L59

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home,

OCT 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 16 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-2669

State File No. 1231
Local Reg. No. 37
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow rural
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 30t

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: 555 Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Colton
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Cecilia
b. (Middle):
c. (Last): Schultheis

4. DATE OF DEATH (Month) (Day) (Year): March 11, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 12, 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Meier Grove, Minnesota
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: John Wieber — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Frances Kessler — BIRTHPLACE: Chillicothe, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-60-5305
17. INFORMANT'S OWN SIGNATURE: [illegible] Schultheis — ADDRESS: Uniontown Wn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Senility
DUE TO (c): Congestive Heart Failure — 3 months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-11, 1963, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 6:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ecced 149 N Dunn MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 3-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/14/67
24c. NAME OF CEMETERY OR CREMATORY: Colton Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Colton, Washington

DATE REC'D BY LOCAL REG.: March 24, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: [illegible] E. Kimball
LICENSE NO.: L59

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1232
Local Reg. No. 33
Reg. Dist. No. 200

RECEIVED MAR 20 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 805 Kenneth Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Minnie b. (Middle) Towner c. (Last) Laney

4. DATE OF DEATH: March 11 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: June 12, 1880

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rome, Penn.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Towner — BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Florence Gillett — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-58-4307

17. INFORMANT'S OWN SIGNATURE: Helen L. Cunningham — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease
DUE TO (c): Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Marked hypostasis

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2-23, 1935, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 1852 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph A. Wilson MD — **23b. ADDRESS**: Moscow, Idaho — **23c. DATE SIGNED**: 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Mar 13, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: March 16, 1967 — **REGISTRAR'S SIGNATURE**: Patricia L. Kappen

25. EMBALMER: E. R. Short — **LICENSE NO.**: E-420

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1233
Local Reg. No. 34
Reg. Dist. No. 200

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Princeton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	IDA	ESTELLA	THRASHER	March	15,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	January 29, 1884	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Pierson, Iowa	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Simon Baker	Unknown	Mary Beam	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-01-0169D	Ruby I Thomas	Princeton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial Infarction - Acute	5 minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension & Cong. Heart Failure	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10/22, 1966, *to* 3/15, 1967, *that I last saw the deceased alive on* 3/11, 1967, *and that death occurred at* 6:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norris R. Biggerstaff, MD	225 Sixth St. Potlatch	3/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-18-1967	Potlatch Cemetery	Potlatch, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 20, 1967	Patricia L. Kappen	H E Kimball	E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 0 2 2012

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1234
Local Reg. No. 39
Reg. Dist. No. 200

Certificate of Death

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 241 Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 yrs. 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 290 Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Anne
c. (Last): Broemeling

4. DATE OF DEATH (Month) (Day) (Year): March 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 11, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife Cl
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Carroll county, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nicholas Kries — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Anna Gross — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-46-7055
17. INFORMANT'S OWN SIGNATURE: X Rachel Ferries — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infirmities of ages — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 1, 1967, *to* March 15, 1967, *that I last saw the deceased alive on* March 14, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Omer H Dunn 148 (Degree or title): MD
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic Cemetery
24d. LOCATION (City, town, or county): Genesee (State): Idaho

DATE REC'D BY LOCAL REG.: March 22, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1235
Local Reg. No. 36
Reg. Dist. No. 200

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Latah

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

c. LENGTH OF STAY (in this place): 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Latah

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow

d. STREET ADDRESS (If rural, give location): 828 N. Grant

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Selma	Bertha	Parr	March 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 1, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (retired)		Frazee, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Mueller	Germany	Otella Rux	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-1965	Duane D. Parr	Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	3 years
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardio-vascular-Renal Disease	20 years
DUE TO (c)	Diabetes Mellitus	unknown
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19 50, *to* March 16, 1967, *that I last saw the deceased alive on* March 16, 1967, *and that death occurred at* 12:35 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 015	M.D.	Moscow, Idaho	Mar 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 18, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 22, 1967	Patricia L. Kappen	Donald Ward	E-30

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 23 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1236
Local Reg. No. 38
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAR 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Nursing Home 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 915 E. 3rd St.

3. NAME OF DECEASED (Type or Print): a. (First) Jennie b. (Middle) Christina c. (Last) Christenson

4. DATE OF DEATH: (Month) March (Day) 17 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 4, 1889
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): St. James, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ole Christenson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Emma Anderson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-5539
17. INFORMANT'S OWN SIGNATURE: X Clara Christenson — ADDRESS: Moscow, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1810

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Urinary Bladder — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 19 58 *to* March 17, 1967, *that I last saw the deceased alive on* March 16 1967, *and that death occurred at* 2:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Moscow, Idaho
23c. DATE SIGNED 21 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 20, 1967
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. March 24, 1967
REGISTRAR'S SIGNATURE Patricia L. Kappen
25. EMBALMER E. Russell Short
LICENSE NO. E-420
FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1237 41
Local Reg. No.
Reg. Dist. No. 200

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Daughters home in town

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Latah 29
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Genesee
d. STREET ADDRESS (If rural, give location) in town

3. NAME OF DECEASED (Type or Print)
a. (First) Margaret
b. (Middle) Amelia
c. (Last) Springer

4. DATE OF DEATH (Month) (Day) (Year) March 21 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH August 24 1902

9. AGE (In years last birthday) 64
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker C/

10b. KIND OF BUSINESS OR INDUSTRY Family

11. BIRTHPLACE (State or foreign country) Alberta Canada

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Herman Alm
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Matilda Van Heel
BIRTHPLACE Steen Co Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ---

16. SOCIAL SECURITY NO. 519-54-3393

17. INFORMANT'S OWN SIGNATURE Richard Springer
ADDRESS Missoula Mont.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Dis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 9, 1966, *to* Mar. 21, 1967, *that I last saw the deceased alive on* Mar. 21, 1967, *and that death occurred at* 1:55 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD

23b. ADDRESS Moscow Idaho

23c. DATE SIGNED Mar. 27, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 25 1967

24c. NAME OF CEMETERY OR CREMATORY Genesee City Cemetery

24d. LOCATION (City, town, or county) Genesee Latah (State) Idaho

DATE REC'D BY LOCAL REG. March 30, 1967

REGISTRAR'S SIGNATURE Patricia L. Kappen

25. EMBALMER E. Russell Short
LICENSE NO. E 420

FIRM NAME: Shorts Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1238
Local Reg. No. 40
Reg. Dist. No. 200

BIRTH NO.

RECEIVED APR 3 1967 Vital Statistics Bureau Of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 621 E. 3rd St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Hannah	Elizabeth	Barton	Mar	21	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed 2	June 5, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Meadow, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Greenhalgh — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Ann Fisher — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Daniel E. Warren — ADDRESS: 621 East Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age changes
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct 1966 *to* March 21, 1967, *that I last saw the deceased alive on* March 21, 1967, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M. D.	Moscow Idaho	3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Cremation	Mar 23, 1967	Hazen & Jaeger	Spokane	Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 28, 1967	Patricia L. Kappen	Conrad Ward	E-80

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1239
Local Reg. No. 42
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
APR 3 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
c. LENGTH OF STAY (In this place): 45 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 910 Cedar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 910 Cedar

3. NAME OF DECEASED (Type or Print): a. (First) LOUIS; b. (Middle); c. (Last) DE MATTIA

4. DATE OF DEATH (Month) (Day) (Year): March 25, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-27-1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months; Days
IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: PFI Sawmill

11. BIRTHPLACE (State or foreign country): Stefano, Italy

12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: Nicholas De Mattia
BIRTHPLACE: Italy

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-0197

17. INFORMANT'S OWN SIGNATURE: Nick DeMattia
ADDRESS: Princeton Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Cardiovascular Disease — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Congestive Heart Failure — 4 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1963, *to* 3/25, 1967, *that I last saw the deceased alive on* 3/23, 1967, *and that death occurred at* 4 30/60 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Norris A. Bryquist, M.D.

23b. ADDRESS: 225 6th ST. POTLATCH, Idaho

23c. DATE SIGNED: 3/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-28-1967

24c. NAME OF CEMETERY OR CREMATORY: Potlatch Cemetery

24d. LOCATION (City, town, or county) (State): Potlatch, Idaho

DATE REC'D BY LOCAL REG.: March 30, 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: P. E. Kimball

LICENSE NO.: E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1240
Local Reg. No. 43
Reg. Dist. No. 200

BIRTH NO.

RECEIVED
APR 10 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN: Moscow
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 409 Walnut

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth; b. (Middle) Agusta; c. (Last) Wiley

4. DATE OF DEATH: March 29, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: August 18, 1879

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Illinois

12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Martin H. Hawks
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Mary Hockett
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: [illegible]

17. INFORMANT'S OWN SIGNATURE: Mrs. Lloyd Howard
ADDRESS: Pullman, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26-, 1944, *to* 3-29-, 1967, *that I last saw the deceased alive on* 3-29-, 1967, *and that death occurred at* 4:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 3-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 4/1/67

24c. NAME OF CEMETERY OR CREMATORY: Pullman Cemetery

24d. LOCATION (City, town, or county) (State): Pullman, Washington

DATE REC'D BY LOCAL REG.: April 4, 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: Earl E. Kimball

LICENSE NO.: L 59

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1241
Local Reg. No. 44
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 291 Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1231 So. Lynn 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 1231 So. Lynn

3. NAME OF DECEASED (Type or Print)
a. (First): Lois
b. (Middle): Sanborn
c. (Last): Cheetham

4. DATE OF DEATH (Month) (Day) (Year): March 31 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct 11, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: high school
11. BIRTHPLACE (State or foreign country): Newport, R.I.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Robert W. Cheetham — ADDRESS: Moscow, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Diffuse Hemorrhagic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* During night of March 30, 1967, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. Brooks MD. 583 (Degree or title) Coroner
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: April 3 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 2
24b. DATE: 4-1-1967
24c. NAME OF CEMETERY OR CREMATORY: Ball & Dodd
24d. LOCATION (City, town, or county) (State): Spokane Wash.

DATE REC'D BY LOCAL REG.: April 7, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: not embalmed
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 1 3 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1242
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Salmon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lemhi
Length of stay (in this place): 26 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Paul		Raymond	March 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	April 22, 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
accountant 19		Cambridge, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Paul Raymond	New York	Ida Mae Henley	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW #1 and #2	516-12-5343	Ruth Raymond	Salmon, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease - Emphysema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Coronary Artery Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-18, 1965, *to* 3-2, 1967, *that I last saw the deceased alive on* 3-2, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 263	M.D.	Salmon Idaho	3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-4-67	Univ. of Utah Medical College-Salt Lake City, Utah	

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 8-67	Viola E Johnson	Delbert C Jones	E369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 1 5 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1243
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Indian Camp 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Pat
b. (Middle): Joseph
c. (Last): Sawyer

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967

5. SEX: Male
6. COLOR OR RACE: Am 3 Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 3, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Horse Island, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: unknown — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: Marian Lindsay — ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cirrhosis of liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) none
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-18, 1966, *to* 1-19, 1967, *that I last saw the deceased alive on* 1-19, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 263 (Degree or title): MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 3-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar. 18-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — LICENSE NO. E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1244
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 300 Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
c. LENGTH OF STAY (in this place) 272
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Casabello Estate ~~300~~

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 300
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Anthone
b. (Middle)
c. (Last) Jakovac

4. DATE OF DEATH (Month) (Day) (Year) March 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 13, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Selo Sunger, Yugoslavia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mathew Jakovac — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Vencenca Gospuratz — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-60-5992T
17. INFORMANT'S OWN SIGNATURE: Gayle Detrick — ADDRESS: Salmon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1966 *to* Mar 21, 1967, *that I last saw the deceased alive on* Mar 21, 1967, *and that death occurred at* 10:55 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roy M. Smithson MD (Degree or title) 474
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-27-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar 29th 67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — LICENSE NO. E 369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1245
Local Reg. No. 698
Reg. Dist. No.

BIRTH NO.

RECEIVED APR 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (in this place) 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Millard	Filmore	Dunkin	Mar. 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Mar. 4, 1898	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
[illegible]		Oxford, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh C. Dunkin	unknown	Flora Bayles	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		520-07-0616A	Clem Dunkin	Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diffuse Coronary — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sclerosis Lateralis
DUE TO (c) Myocardial Infarction 3 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Prostatic Hypertrophy 3 mos

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19___, *to* Death, 19___, *that I last saw the deceased alive on* 3-21, 1967, *and that death occurred at* 6 30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD		Salmon Ida	3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-25-67	Salmon	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Mar 29 67	Vida E Johnson	Delbert C Jones	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 6 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 1246
Local Reg. No. 670
Reg. Dist. No.

STATE OF IDAHO

BIRTH NO.

RECEIVED Bureau of Vital Statistics APR 3 1967

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Mem. Hosp., 3 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle Agnes; b. (Middle); c. (Last) Withington

4. DATE OF DEATH (Month) (Day) (Year): Mar. 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 14, 1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): home

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Salmon, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Currier
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Clara Holbrook
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-14-4663D

17. INFORMANT'S OWN SIGNATURE: Vernon N. Withington
ADDRESS: Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Edema — 10 days
DUE TO (c) Cardiac Decompensation — 1 mo.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, *to* 3-22, 1967, *that I last saw the deceased alive on* 3-22, 1967, *and that death occurred at* 9:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. J. Moore, M.D. (Degree or title)
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-25-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: Mar 29-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones
LICENSE NO.: E369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

State File No. 1247
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi APR 7 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (In this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Deane b. (Middle) Amelia c. (Last) Taylor

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 30, 1914

9. AGE (In years last birthday): 52
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): tt

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Leadore, Idaho

12. CITIZEN OF WHAT COUNTRY?: usa

13. FATHER'S NAME: Walter T. Shepard
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Flavia B. Proulx
BIRTHPLACE: Junction, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 570-46-2163

17. INFORMANT'S OWN SIGNATURE: Howard R. Taylor
ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cancer of throat — INTERVAL BETWEEN ONSET AND DEATH: 18 mo's

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9, 1965, *to* 3-28, 1967, *that I last saw the deceased alive on* 3-28, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [illegible] 263 MD

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 3-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-1-67

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: April 5-67

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: Delbert C. Jones
LICENSE NO.: E369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 9 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 1 4 1995

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 3 1 1995

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1248
Local Reg. No. 690
Reg. Dist. No.

RECEIVED APR 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 58 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Casabello Estate

3. NAME OF DECEASED (Type or Print): a. (First) Lee b. (Middle) Cameron c. (Last) Bradley

4. DATE OF DEATH: (Month) (Day) (Year): March 31, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct. 11, 1888

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rositta, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William F. Bradley — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Ermina Strawn — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-60-5382J

17. INFORMANT'S OWN SIGNATURE: Glenn S. Bradley — ADDRESS: Pocatello Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1958, *to* 3-31, 1967, *that I last saw the deceased alive on* 3-31, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD

23b. ADDRESS: Salmon Idaho

23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-3-67

24c. NAME OF CEMETERY OR CREMATORY: Salmon

24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: April 10-67

REGISTRAR'S SIGNATURE: Viola E. Johnson

25. EMBALMER: [signature]

LICENSE NO.: E 369

FIRM NAME: JONES FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1249
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
MAR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home on Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)
a. (First): Edward
b. (Middle): Lothery
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): March 10 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 11, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Warehouseman 06
10b. KIND OF BUSINESS OR INDUSTRY: Grain storage
11. BIRTHPLACE (State or foreign country): Kamiah Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Edward Anderson — BIRTHPLACE: Jolliet, Illinois
14. MOTHER'S MAIDEN NAME: Louisa Keim — BIRTHPLACE: Britton Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. II 4
16. SOCIAL SECURITY NO.: 518-12-0665
17. INFORMANT'S OWN SIGNATURE: Gladys Dove — ADDRESS: Kamiah Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2 Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Own Home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Kamiah 310 Lewis County
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Philip L. Clavis 583 Coroner 4 (Degree or title): Lewis County
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: ~~12~~-3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: March 17 1967
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah Lewis Idaho

DATE REC'D BY LOCAL REG.: 3/23/67
REGISTRAR'S SIGNATURE: Viola V. Paul Dep.
25. EMBALMER: Clelia Uklorn — LICENSE NO.: E 421
FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1250
Local Reg. No. 27
Reg. Dist. No. 450

BIRTH NO.

RECEIVED MAR 29 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
LENGTH OF STAY (in this place): 125
d. FULL NAME OF HOSPITAL OR INSTITUTION: Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 716 "G" Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Maud	Lydia	DOYLE	January 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Widowed 2	Sept. 26, 1870	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (1)	Own Home	Lincoln, Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Clay Trout	unknown	Margaret Armstrong	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — — —	518-60-3764	Ella Wickerson	Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) General Debilities due to Age — INTERVAL BETWEEN ONSET AND DEATH: many years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

794 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-15, 1957, *to* 1-3, 1967, *that I last saw the deceased alive on* 1-3, 1967, *and that death occurred at* 12:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C E Dalley 127	M D	702 H St Rupert Idaho	3-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jan. 6, '67	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-27-67	Mary Ellen Carlson	Charles H. Parsons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 3 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 4 2001

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1251
Local Reg. No. 22
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 6th street

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Bell c. (Last) Gaither

4. DATE OF DEATH (Month) (Day) (Year) Mar 3 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb 9 1869

9. AGE (In years last birthday) 98
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Nashville Tennesse

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Ridding
BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Elizabeth Wilson
BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 518-24-4062

17. INFORMANT'S OWN SIGNATURE Mrs Minnie B Daly
ADDRESS Vancouver Wn

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Senile changes of age.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4 91 8

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 6, 1966, *to* Mar 3, 1967, *that I last saw the deceased alive on* Mar 3, 1967, *and that death occurred at* 8.30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W. W. Crawford, M.D.

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar 7 1967

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 3/8/67

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert C Walk

LICENSE NO. E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1252
Local Reg. No. 24
Reg. Dist. No. 450

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 324 Maple Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 324 Maple Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	August	PETERSON	March 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Caucasian	Married 3	February 1, 1889	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer (retired)	Agriculture	Karlskrona, Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Peterson	Sweden	Kjerstin Sophia Magnusson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — — —	519-01-9214	Anna M. Peterson	Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — not known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 8, 1967, *to* Mar 8, 1967, *that I last saw the deceased alive on* 2/20, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A J Dalley 127	MD	702 G St Rupert Idaho	3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 11, '67	Riverside Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-16-67	Mary Ellen Carlson	Charles L. Parsons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 2 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 19 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1253
Local Reg. No. 23
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-2757

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY Minidoka	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho b. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert LENGTH OF STAY (in this place) 40 hours	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert (rural)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125	d. STREET ADDRESS (If rural, give location) Route 4

3. NAME OF DECEASED (Type or Print)	a. (First) Stephanie	b. (Middle) Renee	c. (Last) HYMAS	4. DATE OF DEATH (Month) (Day) (Year) March 9, 1967
5. SEX Female	6. COLOR OR RACE Caucasian	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH March 7, 1967	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 1 IF UNDER 24 HRS. Hours 16 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Never Worked C2	10b. KIND OF BUSINESS OR INDUSTRY - - - - -	11. BIRTHPLACE (State or foreign country) Rupert, Idaho	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME Stephan L. Hymas	BIRTHPLACE Burley, Idaho	14. MOTHER'S MAIDEN NAME Teresa Thomas	BIRTHPLACE Rupert, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - - - - -	16. SOCIAL SECURITY NO. none	17. INFORMANT'S OWN SIGNATURE Stephan L. Hymas	ADDRESS U.S. Army	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity. 7615

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature separation
DUE TO (c) of part of placenta.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR? March 7th.

22. *I hereby certify that I attended the deceased from* Birth, 19___, *to* March 7th, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] B65 (Degree or title)	23b. ADDRESS Rupert, Idaho.	23c. DATE SIGNED 3-13-67	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 11, '67	24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery	24d. LOCATION (City, town, or county) (State) Rupert, Idaho
DATE REC'D BY LOCAL REG. 3-16-47	REGISTRAR'S SIGNATURE Mary Ellen Carlson	25. EMBALMER Charles H. Persons	LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-2757

Certificate of Death

STATE OF IDAHO

State File No. 1254
Local Reg. No. 26
Reg. Dist. No. 450

BIRTH NO.

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN Rupert
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN Rupert
d. STREET ADDRESS 724-10th St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Keith c. (Last) Clayton

4. DATE OF DEATH: (Month) Mar. (Day) 14 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 26, 1927

9. AGE (In years last birthday): 40 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mail Carrier CS

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Service

11. BIRTHPLACE (State or foreign country): Burley, Ida

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Leo A. Clayton — BIRTHPLACE: Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME: Lenora Jolley — BIRTHPLACE: Mt. Carmel, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W.II

16. SOCIAL SECURITY NO. 519-24-2018

17. INFORMANT'S OWN SIGNATURE: Estelle Clayton — ADDRESS: Rupert, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Cecum with generalized abdominal metastasis — INTERVAL BETWEEN ONSET AND DEATH: 15 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Cause unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

1530

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1966, *to* Mar 14, 1967, *that I last saw the deceased alive on* Mar 14, 1967, *and that death occurred at* 5:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C F Dalley (Degree or title) MD — 127

23b. ADDRESS: 702 5th Rupert Ida

23c. DATE SIGNED: 3/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal to

24b. DATE: 3-17-67

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Cassia Co., Ida.

DATE REC'D BY LOCAL REG.: 3-16-67

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Charles L. Parsons — LICENSE NO. E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 28 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 4 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

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(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1255
Local Reg. No. 25
Reg. Dist. No. 450

RECEIVED MAR 29 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 125
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 910 Fifth Street

3. NAME OF DECEASED (Type or Print): a. (First) Maria b. (Middle) Aberasturi c. (Last) SOLOSABAL

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1967

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 23, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Arrasua, Viscaya, Spain

12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Gregoryie Aberasturi
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Doretea de Beobide
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): — — — —

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Dandy Solosabal
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4207 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — several years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 3, 1967, *to* Mar 16, 1967, *that I last saw the deceased alive on* Mar 16, 1967, *and that death occurred at* 3:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: H. W. Crawford, M.D. (Degree or title)

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: Mar. 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 20, '67

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67

REGISTRAR'S SIGNATURE: Mary Ellen Larson

25. EMBALMER: Charles H Parsons

LICENSE NO.: E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-2762

BIRTH NO.

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 29 1967 Bureau of Vital Statistics

State File No. 1256
Local Reg. No. 29
Reg. Dist. No. 450

1. PLACE OF DEATH
a. COUNTY: Minidoka County
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): P.O.Box 264

3. NAME OF DECEASED (Type or Print)
a. (First): Melanie
b. (Middle): Gay
c. (Last): Daniels

4. DATE OF DEATH (Month) (Day) (Year): Mar 18 1967

5. SEX: Female
6. COLOR OR RACE: Indian Mother White Father
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Mar 18 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: Two Hours

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Rupert Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Daniels — BIRTHPLACE: Centralia Wash
14. MOTHER'S MAIDEN NAME: Annette Crispen — BIRTHPLACE: Ehtete Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: George A. Daniels — ADDRESS: Box 264 Heyburn

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Unknown Cause

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* March 18, 1967, *that I last saw the deceased alive on* March 18, 1967, *and that death occurred at* 8:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Mathews MD 365
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 26 1967
24c. NAME OF CEMETERY OR CREMATORY: Lander Cemetery
24d. LOCATION (City, town, or county) (State): Lander Wyoming

DATE REC'D BY LOCAL REG.: 3-27-67
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Robert C. Walk — LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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1-2762

State File No. 1257
Local Reg. No. 30
Reg. Dist. No. 450

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAR 29 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 25 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital 125

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 902 I Street

3. NAME OF DECEASED (Type or Print)
a. (First) Earl
b. (Middle) George
c. (Last) Goode

4. DATE OF DEATH (Month) (Day) (Year) Mar 19 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 7 1896
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Garage Owner 22
10b. KIND OF BUSINESS OR INDUSTRY Ford Dealer
11. BIRTHPLACE (State or foreign country) Des Moines Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J.M.Goode — BIRTHPLACE Des Moines Iowa
14. MOTHER'S MAIDEN NAME Julia Neddro — BIRTHPLACE Des Moines Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.I 3
16. SOCIAL SECURITY NO. 518-36-7745
17. INFORMANT'S OWN SIGNATURE Bustin Goode — ADDRESS Box 397 RUPERT ICA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

157X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 4 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION Dec 26 1966
19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 30, 1967, *to* Death, 19___, *that I last saw the deceased alive on* March 19, 1967, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.* March 19, 1967.

23a. SIGNATURE Camardmer MD 365 (Degree or title)
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 3-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar 22 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 3-27-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk — LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Walk Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 30 1967
MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 1 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

NOV 03 2016

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1258
Local Reg. No. 32
Reg. Dist. No. 450

RECEIVED

Certificate of Death

STATE OF IDAHO

APR 1 8 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minodoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 19 days 125
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Paul
d. STREET ADDRESS (If rural, give location): 100 North and 750 West

3. NAME OF DECEASED (Type or Print)
a. (First): Oliva
b. (Middle):
c. (Last): Moncher

4. DATE OF DEATH: (Month) Mar (Day) 29 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct 14 1893

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired housewife

10b. KIND OF BUSINESS OR INDUSTRY: Ct

11. BIRTHPLACE (State or foreign country): Brez-Tyrol-Austria

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Dionegio Anselmi
BIRTHPLACE: Brez Tyrol Austria

14. MOTHER'S MAIDEN NAME: Fiorenza Menghini
BIRTHPLACE: Tyrol Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-40-9483

17. INFORMANT'S OWN SIGNATURE: Angelo Moncher
ADDRESS: Paul Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Malignancy of Rt breast
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-26, 1959, *to* 3-29, 1967, *that I last saw the deceased alive on* 3-29, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo K. Humphrey 253 (Degree or title) MD
23b. ADDRESS: Rupert Idaho
23c. DATE SIGNED: 4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 1 1967
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 4-12-67
REGISTRAR'S SIGNATURE: Mary Ellen Barbour
25. EMBALMER: Robert C. Walk
LICENSE NO.: E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1259
Local Reg. No. 33
Reg. Dist. No. 457

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 809 G Street Rupert Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas
b. COUNTY Montgomery
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coffeyville
d. STREET ADDRESS (If rural, give location) 1106 East 4th Street

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) May c. (Last) Patterson

4. DATE OF DEATH (Month) (Day) (Year) Mar 29 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Apr 30 1888

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Golden City Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesse Johnson BIRTHPLACE Nashville Tennessee

14. MOTHER'S MAIDEN NAME Mary Lolly BIRTHPLACE London England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 513-07-7978

17. INFORMANT'S OWN SIGNATURE Edward E. Stevens ADDRESS 809 G Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1967, *to* 3-29, 1967, *that I last saw the deceased alive on* 3-29, 1967, *and that death occurred at* 4:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE I. A. Hunt 255 (Degree or title) MD

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED 3-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE Mar 30 1967

24c. NAME OF CEMETERY OR CREMATORY Independance Cemetery

24d. LOCATION (City, town, or county) (State) Independance Kansas

DATE REC'D BY LOCAL REG. 4-12-67

REGISTRAR'S SIGNATURE Mary Ellen Carson

25. EMBALMER Robert E. Walk LICENSE NO. E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1260
Local Reg. No. 67
Reg. Dist. No. 220

RECEIVED MAR 2 0 1967

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Bureau of Lewiston
c. LENGTH OF STAY (In this place): 7 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home 318

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 715 Airway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CORRENA	FRANCES	GILL	March	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	28 April 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper C/	Own Home	Buckeye, West Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Landes	West Virginia	Amanda Adkison	West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 56 1108	Mrs. Eldridge Gill	Reubens, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 163X Tumor (? carcinoma) Rt Lung — INTERVAL BETWEEN ONSET AND DEATH: 1+ yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — 13 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1966, *to* March, 1967, *that I last saw the deceased alive on* 1 March, 1967, *and that death occurred at* 2:55 PM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B R Stem 496	MD	Lewiston, Idaho	6 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 Mar 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-8-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1261
Local Reg. No. 64
Reg. Dist. No. 220

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 4yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchard Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Carrie; b. (Middle); c. (Last) Herring

4. DATE OF DEATH: (Month) March (Day) 3, (Year) 1967

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan, 13, 1884

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 61

10b. KIND OF BUSINESS OR INDUSTRY: home

11. BIRTHPLACE (State or foreign country): Woodland, I ll

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Orville E. Herring
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Mary Markley
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: Nurssing home Records
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

493X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2/4/67, 19__, to 3/3/67, 19__, that I last saw the deceased alive on 2/4/67, 19__, and that death occurred at 2:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): [illegible] MD
23b. ADDRESS: 939 Bryden Ave., Le iston, Ida.
23c. DATE SIGNED: 3/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal
24b. DATE: 3-7-1967
24c. NAME OF CEMETERY OR CREMATORY: Teakean, Idaho.
24d. LOCATION (City, town, or county) (State): Clearwater Co., Idaho

DATE REC'D BY LOCAL REG.: 3-7-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E.315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1262
Local Reg. No. 82
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED APR 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 321
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): -1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Sxx~~ Weisgerber Bldg. 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1409-6th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Everett
b. (Middle): Mathil
c. (Last): Shaffer

4. DATE OF DEATH (Month) (Day) (Year): March 4, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 10, 1924
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): truck driver 27
10b. KIND OF BUSINESS OR INDUSTRY: Gravel
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 554-34-7885
17. INFORMANT'S OWN SIGNATURE: V. Vassar — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 10:00 AM m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos 583 — (Degree or title): 4 NezPerce Co. Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-3-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1263
Local Reg. No. 68
Reg. Dist. No. 220

RECEIVED
MAR 2 0 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 - 20th Street North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 311 - 20th Street North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ARCHIE	RAYMOND	KLAUS	March	4	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	12 Feb. 1910	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager 26	Cafe Supply House	Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter F. Klaus	Iowa	May A. Aldrich	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW-1 4	519 09 3752	Beverly J. Brook	Garfield, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Smoke Inhalation
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Office Bldg. 05	13 Lewiston, 351 Nez Perce Co., Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4 March 1967 9:45 m. PM	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Burned, while attemping to put out fire in bldg.

22. *I hereby certify that I attended the deceased from* - - - - - -, 19 - -, *to* - - - - - -, 19 - -, *that I last saw the deceased alive on* - - - - - -, 19 - -, *and that death occurred at* 9:50PM m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wilfred J. Ducles 583	Coroner 4	Lewiston, Idaho	6 Mar 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	7 Mar 1967	Vineland Cemetery	Clarkston, Asotin Co., Wash.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67	Mildred Hughes	W E Black	
		Malcom's Brower-Wann Memorial Chapel	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1264
Local Reg. No. 72
Reg. Dist. No. 220

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

MAR 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 0120 - 28th Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): PAUL
c. (Last): CHRISTIANSEN

4. DATE OF DEATH (Month) (Day) (Year): March 5 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 23 Feb. 1897
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 21 Auto Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Auto Dealer
11. BIRTHPLACE (State or foreign country): Charter Oak, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Chris Christiansen — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Stepan — BIRTHPLACE: Europe

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1 3
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dorothy M. Christiansen — ADDRESS: Lewiston, Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [illegible] — INTERVAL BETWEEN ONSET AND DEATH: [illegible]

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19__, *to* [illegible], 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 022 (Degree or title)
23b. ADDRESS [illegible]
23c. DATE SIGNED [illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 March 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gard.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W E Black — LICENSE NO. E-426
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1265
Local Reg. No. 69
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Saint Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1140 - 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARY	—	HARMAN		March	6,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	5/6/1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homekeeper C/	Own Home	Hanover, Kansas	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Wessels	Germany	Bernadine Weltermann	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		534 40 6986	Carl Harmen	Clarkston, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction	2-3 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary thrombosis	3 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes Mellitus	5 yrs.
	Left Kidney Stone	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1965, *to* March, 1967, *that I last saw the deceased alive on* 6 March, 1967, *and that death occurred at* 8 45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Lewiston, Idaho.	9 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	10 March 67	Ferdinand Cemetery	Ferdinand, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-10-67	Mildred Hughes	[signature]	[illegible]

FIRM NAME: MERCHANT FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1266
Local Reg. No. 73
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
DURATION OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1920 Alder Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
IVA	P.	BAUSCH	March	7	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	6 August 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Harrison County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jonas C. Palmer	Iowa	Nellie Riley	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 60 7514 T	Ida Bausch 1521 Bryden	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Surgical removal of Sigmoid & Rectum.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cancer of Rectum

INTERVAL BETWEEN ONSET AND DEATH: Suddenly

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 1, 1963, *to* March 7, 1967, *that I last saw the deceased alive on* March 7, 1967, *and that death occurred at* 2:00 PM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Glover M.D.	939 Bryden Ave., Lewiston, Ida.	3/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	10 Mar 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-15-67	Mildred Hughes	L. E. DeBaun Malcom's Brower-Wann Memorial Chapel	E-295

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended

Certificate of Death

STATE OF IDAHO

State File No. 1267
Local Reg. No. 70
Reg. Dist. No. 220

RECEIVED
APR 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2330- Sunset Drive

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle) Cleaver; c. (Last) Hampton

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 30, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife C7

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Horsman, Penn

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harold Hellyer
BIRTHPLACE: Penn.

14. MOTHER'S MAIDEN NAME: Elizabeth Stackhous
BIRTHPLACE: Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 197-07-2375

17. INFORMANT'S OWN SIGNATURE: Kellogh M Hampton
ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic mitral & Tricuspid valvulitis	4+ yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	? Rheumatic fever	30+ yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic healed tuberculosis Osteo arthritis of left hip	40+ yrs. 10+ yrs.

420X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 19 63, *to* March, 1967, *that I last saw the deceased alive on* March 7, 1967, *and that death occurred at* 3 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD (Degree or title)

23b. ADDRESS: Lewiston Idaho

23c. DATE SIGNED: 17 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: March 10, 67

24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery

24d. LOCATION (City, town, or county) (State): Genesee, Idaho.

DATE REC'D BY LOCAL REG.: 3-10-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: V. Vassar

LICENSE NO.: E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
MAR 3 1 1967
Bureau of Vital Statistics

State of Idaho
County of Nez Perce } ss.

Local Reg. No. 70
Certificate No. Reg. Dist. No. 220
Date Filed 3/10/67

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Sarah Cleaver Hampton (Name on Original Certificate) who died (Was Born or Died) on March 8, 1967 (Date of Event)
in St. Joseph's Hospital (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by hospital records (Bible Record, Insurance Policy, Etc.) prepared on March 8, 1967 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Date of Death	March 7, 1967	March 8, 1967

Subscribed and sworn to before me this 30th day of March, 1967.

Notary Public, residing at Lewiston, Ida.
My commission expires June 1, 1970
(Seal)

Signed Donna L. Neumayer
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

307 St. John's Way, Lewiston, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Nez Perce } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 30th day of March, 1967.

Notary Public residing at Lewiston, Idaho
My commission expires June 1, 1970
(Seal)

Signed Donna L. Neumayer
(Signature of Any Credible Person)

1906 14th Ave., Lewiston, Idaho
(Street Address, City, State)

FORM DPH - 51117

Affidavit

Secretary [illegible]

Chairman [illegible]

The undersigned [illegible]

for [illegible]

by [illegible]

true facts are shown [illegible]

[illegible]

Subscribed and sworn [illegible]

Notary Public [illegible]

My commission [illegible]

Secretary [illegible]

Chairman [illegible]

The undersigned [illegible] has knowledge of the [illegible] and that they are true to the best of [illegible] knowledge.

Subscribed and sworn [illegible]

[illegible]

[illegible]

Form [illegible]

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 70
Reg. Dist. No. 220

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2330 Sunset Drive

3. NAME OF DECEASED (Type or Print): a. (First) Sarah; b. (Middle) Cleaver; c. (Last) Hampton

4. DATE OF DEATH: (Month) March (Day) 7, (Year) 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: May 30, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Horsham, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Harold A. Hellyer — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Elizabeth Stackhous — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 197-07-2379
17. INFORMANT'S OWN SIGNATURE: Kathryn M Hampton — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic mitral & Tricuspid valvulitis	4+ yrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	? Rheumatic fever ?	30+ yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Chronic healed Tuberculosis	40+ yrs.
	Osteo arthritis of Left hip.	10+ yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1963, *to* March, 1967, *that I last saw the deceased alive on* March 6, 1967, *and that death occurred at* 3 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Genesee City Cemetery
24d. LOCATION (City, town, or county) (State): Genesee, Idaho

DATE REC'D BY LOCAL REG.: 3-10-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: L 297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 3 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1268
Local Reg. No. 71
Reg. Dist. No. 220

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 600 3rd. St.

3. NAME OF DECEASED (Type or Print)
a. (First): Martha
b. (Middle): Hutchings
c. (Last): McKean

4. DATE OF DEATH (Month) (Day) (Year): March 12, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Aug. 4, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): New York State
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: George Hutchings — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Flora Baldwin — BIRTHPLACE: New: York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 173 07 4256
17. INFORMANT'S OWN SIGNATURE: Herbert B. McKean — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Artery Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 11, 1959, *to* MARCH 12, 1967 *that I last saw the deceased alive on* NOV 14, 1966 *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 013 — **23b. ADDRESS**: 307 J & Johns Way — **23c. DATE SIGNED**: 3/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): cremation 2
24b. DATE: 3/13/1967
24c. NAME OF CEMETERY OR CREMATORY: Hazen Jeager Funeral Home
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 3-13-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 18 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1269
Local Reg. No. 86
Reg. Dist. No. 220

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

APR 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Close Inn Apartments.

3. NAME OF DECEASED (Type or Print)
a. (First): MARGARET
b. (Middle): C.
c. (Last): LARAMORE

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 18, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Seamstress 06
10b. KIND OF BUSINESS OR INDUSTRY: Clothing
11. BIRTHPLACE (State or foreign country): Carns, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roseranz Lusk — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Molly O'Brien — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: L.A. Vance Dharamore — ADDRESS: Los Angeles, Cal.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Adenoma Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1963

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pneumonia Site Adenoma of — 1963
DUE TO (c): Sigmoid

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Ca of Sigmoid
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* March 13, 1967, *that I last saw the deceased alive on* ~~1946~~ March 13, 1967, *and that death occurred at* 1:55 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Bedford MD
23b. ADDRESS: 1022 Wch St Lewiston Idaho
23c. DATE SIGNED: 4/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar 14 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-7-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W E Black — LICENSE NO. E-426
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1270
Local Reg. No. 74
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

MAR 27 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sommerville Rest Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston,
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle):
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): March 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: August 8, 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farm Labor 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): New Rockford, N.D.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Johnson — BIRTHPLACE: Blumington Ill.
14. MOTHER'S MAIDEN NAME: Minnie Lyons — BIRTHPLACE: Blumington, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: ?
17. INFORMANT'S OWN SIGNATURE: Betty H. Orton — ADDRESS: Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 30, 1967, *to* March 13, 1967, *that I last saw the deceased alive on* Feb 24, 1967, *and that death occurred at* 2:10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John Armstrong 1013 MD
23b. ADDRESS: 307 St John's Way
23c. DATE SIGNED: 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3-15-1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar — LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1271
Local Reg. No. 75
Reg. Dist. No. 220

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 409 Vista Ave.

3. NAME OF DECEASED (Type or Print): a. (First) FLORA b. (Middle) c. (Last) GORSET

4. DATE OF DEATH: (Month) March (Day) 16 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Apr 2, 1890

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeker (2)

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Flanders, North Dakota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence Paine — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Anna Nelson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 16 2386

17. INFORMANT'S OWN SIGNATURE: Margaret Jones — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic Valvulitis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive failure — months
DUE TO (c) Purpura — 1 dy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute occlusion of Cor A — 1 wk

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* 3/16/1967, *that I last saw the deceased alive on* 3/16/1967, *and that death occurred at* 8:40 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD — **23b. ADDRESS** Lewiston Idaho — **23c. DATE SIGNED** 3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3 — **24b. DATE**: 18 Mar 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Burnt Ridge Cemetery — **24d. LOCATION** (City, town, or county) (State): Troy, Latah Co., Idaho

DATE REC'D BY LOCAL REG.: 3-20-67 — **REGISTRAR'S SIGNATURE**: Mildred Hughes

25. EMBALMER: L. E. DeBaun — Malcom's Brower-Wann Memorial Chapel — **LICENSE NO.**: E-295

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1272
Local Reg. No. 77
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Winchester
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Paul		Smith	March 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Indian	never married	Feb. 20 1943	24				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none		Spokane, Wash.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Smith	Lapwai, Idaho.	Virginia, Pabo.	No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Jack Smith	Winchester, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ethonalism (Probable) — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Alcohol (excess)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* March 19, 1967 *to* March 19, 1967, *that I last saw the deceased alive on* March 19, 1967, *and that death occurred at* 6:am *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard Duclos	NezPerce Co Coroner	Lewiston, Idaho	3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-22-1967	JacquesSpur, Cemetery	Culdesac, Idaho (Rural)

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-24-67	Mildred Hughes	V. Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1273
Local Reg. No. 76
Reg. Dist. No. 220

RECEIVED
APR 5 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 718 - Bryden Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle):
c. (Last): WOODWARD

4. DATE OF DEATH (Month) March (Day) 22 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 30 July 1882
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Grower 04
10b. KIND OF BUSINESS OR INDUSTRY: Truck Garden
11. BIRTHPLACE (State or foreign country): Walla Walla, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Z. T. Woodward — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Minnuva Sims — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No Record
16. SOCIAL SECURITY NO.: No Record
17. INFORMANT'S OWN SIGNATURE: Mrs. Robert E. Bryant — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

725X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arthritis — 2 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 3-24, 1967, *and that death occurred at* 4:43 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carson, M.D. (Degree or title) 0083
23b. ADDRESS: 9th & Main St. Lewiston Idaho
23c. DATE SIGNED: 3/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 25 Mar 1967
24c. NAME OF CEMETERY OR CREMATORY: Laurel Hill Cemetery
24d. LOCATION (City, town, or county) (State): DesMoines, Polk Co., Iowa

DATE REC'D BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 6 1967

APR 27 1967

JAN 15 1975

FEB 1 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1274
Local Reg. No. 78
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce — APR 5 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural) — Bureau of Vital Statistics
LENGTH OF STAY (in this place): 9-15-66
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Mannar 318

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. Gertrude — b. (Middle) — c. (Last) Lee

4. DATE OF DEATH: (Month) (Day) (Year): 3-22-67

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): O

8. DATE OF BIRTH: March 31, 1880

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Berger Norway

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: H. Nedress — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ?

17. INFORMANT'S OWN SIGNATURE: X Mrs. Steen Schultz — ADDRESS: Spokane, Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4508

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart failure —
DUE TO (c): Arteriosclerotic Vascular disease —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/14, 1957, *to* 3/22/, 1967, *that I last saw the deceased alive on* 3/22/, 1967, *and that death occurred at* 4:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE: 036 (Degree or title)

23b. ADDRESS: 626 5th Ave. Lewiston, Ida

23c. DATE SIGNED: 3/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-25-1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 3-27-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E 515

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 13 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1275
Local Reg. No. 80
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED APR 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): .6 Mi. E. City limits-L/C Hi-Way

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): FENTON
b. (Middle): A
c. (Last): MOORE

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 17 Nov 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): White Earth, North Dakoka
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas E. Moore — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Bertha Jane Hicks — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: John W Moore — ADDRESS: Craigmont, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8905

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carbon Monoxide
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 1 Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Lewiston (rural) 351 Nez Perce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 23, 1967 unk.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Camp stove burning in a closed auto.

22. *I hereby certify that I attended the deceased from - - - - - -, 19- -, to - - - - - -, 19- -, that I last saw the deceased alive on - - - - - -, 19- -, and that death occurred at 7:30 A.M. from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Ducker 583 (Degree or title): NezPerce Co. Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 23 Mar 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 27 Mar 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-28-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO.: E-295
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by ~~P~~Coroner - Auto observed parked in same position for two days.

State File No. 1276
Local Reg. No. 79
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF (If in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1126 Idaho Streeet

3. NAME OF DECEASED (Type or Print)
a. (First): ARTHUR
b. (Middle): LEROY
c. (Last): AUTREY

4. DATE OF DEATH (Month) March (Day) 26 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 6 August 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Truck Driver 27
10b. KIND OF BUSINESS OR INDUSTRY: Transportation
11. BIRTHPLACE (State or foreign country): Asotin Co., Washington
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Grover Autrey — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Bell Walls — BIRTHPLACE: Washington
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-2 4
16. SOCIAL SECURITY NO.: 518 03 7768
17. INFORMANT'S OWN SIGNATURE: Jerel Autrey — ADDRESS: Lewiston, Idaho

307X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Failure — INTERVAL BETWEEN ONSET AND DEATH: Mintues

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Enthonolism (Delirium Tremins)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - - - -, 19 - -, *to* - - - - - - -, 19 - -, *that I last saw the deceased alive on* - - - - - -, 19 - -, *and that death occurred at* 12:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Anderson 583 (Degree or title): Coroner
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 Mar 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 3-28-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: K. H. Malcom — LICENSE NO.: E-376
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1277
Local Reg. No. 81
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 5 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 5 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1835 Riverside Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LELA	MAE	PARSONS	March 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 12, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homekeeper 01	Own Home	Speer, North Carolina	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Calvin Buchanan	Unknown	Amanda Goforth	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	----------	Lelia Reeves	Clarkston, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Failure
DUE TO (c) Arteriosclerotic Heart Dis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1960, 19__, to 28 Mar, 1967, *that I last saw the deceased alive on* 24 Mar, 1967, *and that death occurred at* 4:50 m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. C. Merchant FD	Clarkston Wash	28 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	31 March 67	Lake Cemetery	Cloverland, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-29-67	Mildred Hughes	W. C. Merchant	FD 5

FIRM NAME: MERCHANT FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

REC[illegible] Certificate of Death

STATE OF IDAHO

State File No. 1278
Local Reg. No. 85
Reg. Dist. No. 220

BIRTH NO.

APR 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 525 Warner ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MUSETTA (Minnie)	ZELMA	KOLE	March	30	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	29 Nov. 1873	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper	Own Home	Floyd County, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. W. Denney	Iowa	Agnes Jordan	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 58 7338	X Susan Chase	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Pneumonia	
	ANTECEDENT CAUSES	
DUE TO (b)	Infirmities of Age	24 hrs
DUE TO (c)		

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 19 57, *to* March 30, 1967, *that I last saw the deceased alive on* March 30, 1967, *and that death occurred at* 5:10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Stover, M.D.	939 Bryden Ave., Lewiston, Idaho	4/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3 April 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Mildred Hughes	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1279
Local Reg. No. 4
Reg. Dist. No. 530

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
LENGTH OF STAY (in this place): 30 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): home - 288 South Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
d. STREET ADDRESS (If rural, give location): 288 South Main St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GEORGE	ULMER	BRIGGS	March 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Aug. 3, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	agriculture	Fielding, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Ulmer Briggs	Maine, U.S.A.	Mary Elizabeth Oakley	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-14-1921	Howard W. Briggs	Malad, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Acute — INTERVAL BETWEEN ONSET AND DEATH: Approx. 10 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) (History only - pt. expired when initially seen)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19 52, *to* 5 March, 19 67 *that I last saw the deceased alive on* 5 March, 19 67, *and that death occurred at* 6:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph F. Wolz 314	M.D.	Malad Idaho	8 March '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3-9-67	Plymouth Cemetery	Box Elder County, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-9-67	Ruth G. Sweeten	Raiford G. Benson	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: BENSON FUNERAL HOME

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1280
Local Reg. No. 5
Reg. Dist. No. 530

RECEIVED MAR 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 27 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 180 East 59 South St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City SPOUSE: Nathan Yearsley
d. STREET ADDRESS (If rural, give location): 180 East 59 South St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JULIA ANN	GIBBS	YEARSLEY	MARCH 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Dec. 22, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
homemaker	-	Portage, Box Elder, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
WILLIAM HENRY GIBBS	Haverfordwest Pem, Wales	LETITIA JOHN	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	--	518-12-9528	x Dee K. Yearsley	Brigham City, Ut

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Dehydration	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	
DUE TO (c)	Senility	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1965, *to* March 16, 1967 *that I last saw the deceased alive on* Mar 16, 1967, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	315 / M.D.	Malad City, Idaho	Mar.18,1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	March 20, 1967	Brigham City Cemetery	Brigham City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 18, 1967	Ruth G. Sweeten	Raiford G. Benson	E-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1281
Local Reg. No. 6
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
APR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City SPOUSE: Letha Ames
d. STREET ADDRESS (If rural, give location): 99 East 155 South St.

3. NAME OF DECEASED (Type or Print)
a. (First): FREDRICK
b. (Middle): ERNEST
c. (Last): SCHWARTZ

4. DATE OF DEATH (Month) (Day) (Year): March 21 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 6, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): construction -heavy dty
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Logan, Cache, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ERNEST SCHWARTZ — BIRTHPLACE: Bern, Switzerland
14. MOTHER'S MAIDEN NAME: EMMA BINGGLEI — BIRTHPLACE: Cottonwood, Weber, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 518-12-0205
17. INFORMANT'S OWN SIGNATURE: Letha A Schwartz — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5020

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Emphysema - Severe
DUE TO (c) Bronchitis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1967, *to* March 21, 1967, *that I last saw the deceased alive on* March 21, 1967, *and that death occurred at* 6:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O H Malley Jr 315, M.D.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: 3/23/67
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. EMBALMER: Raiford G. Benson — LICENSE NO. E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1282
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED MAR 20 1967 Bureau of V

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Murphy
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 8 Miles East of Murphy

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bruneau
d. STREET ADDRESS (If rural, give location) Star Rt. Box 162

3. NAME OF DECEASED (Type or Print)
a. (First) Raymond
b. (Middle) John
c. (Last) Cook

4. DATE OF DEATH (Month) (Day) (Year) March 11, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 24, 1918
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months 1 Days 24 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Dupuyer, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John A. Cook — BIRTHPLACE Quincy, Illinois
14. MOTHER'S MAIDEN NAME Goldie Rae — BIRTHPLACE Davenport, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 9-26-42 to 12-7-62
16. SOCIAL SECURITY NO. 519-12-9246
17. INFORMANT'S OWN SIGNATURE Patricia D. Cook — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Murphy Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Rural 370 Owyhee Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) March 11, 1967 9 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Truck upset and rolled upon him.

22. *I hereby certify that I attended the ~~deceased from~~ investigation only, ~~19~~ Dec. 11, 1967, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Andrew Warfield 583 (Degree or title) Coroner
23b. ADDRESS Homedale Idaho
23c. DATE SIGNED March 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. March 15, 1967
REGISTRAR'S SIGNATURE Andrew Warfield
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 28 1967

APR 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1283
Local Reg. No. 12
Reg. Dist. No. 330

RECEIVED MAR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (In this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 So. Plymouth Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 306 South Plymouth Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gertrude	Louise	Phillips	March 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	June 23, 1893	73 yrs+	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Floyd County, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank R. Gray	Illinois	Augusta Marker	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
- - - -	- - - - - - - - - -	Unknown	Opal B. Foster	Portland, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Essentual hypertension — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - - - - - -	- - - - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - - - - - - - - - -

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Palmer

Certificate of Death

STATE OF IDAHO

State File No. 1284
Local Reg. No. 10
Reg. Dist. No. 330

RECEIVED
MAR 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 Box 132A 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Wylie
c. (Last): Frakes

4. DATE OF DEATH (Month) (Day) (Year): March 15 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 14, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriclture
11. BIRTHPLACE (State or foreign country): Payette, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S OWN SIGNATURE: Joye Frakes — ADDRESS: Payette, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prob. gastric carcinoma

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): c liver metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan *19*66*, to* Mar 15*, 19*67*, that I last saw the deceased alive on* Mar 11*, 19*67*, and that death occurred at* 5A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles E Palmer M D 698
23b. ADDRESS: Ontario Oregon
23c. DATE SIGNED: Mch 16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-18-67
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Ontario Oregon

DATE REC'D BY LOCAL REG.: 3-17-67
REGISTRAR'S SIGNATURE: Roberta E Shaffer
25. EMBALMER: John A. Lienkaemper
LICENSE NO.: ORE 120
FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1285
Local Reg. No. 73
Reg. Dist. No. 330

RECEIVED
MAR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 15 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Nursing Home 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1006 East Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): FOSTER
c. (Last): CREASEY

4. DATE OF DEATH (Month) (Day) (Year): March 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 12, 1874
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Feed store
11. BIRTHPLACE (State or foreign country): Lone Rock, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William F. Creasey — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Emma Wellfield — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic cerebrovascular disease c̄ hemiplegia — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: - - -

22. *I hereby certify that I attended the deceased from* Jan 1, 1965 *to* March 17, 1967, *that I last saw the deceased alive on* March 17, 1967, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. Glenroll 082 (Degree or title): M.D.
23b. ADDRESS: Payette, Idaho
23c. DATE SIGNED: 3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burail
24b. DATE: 3/18/67
24c. NAME OF CEMETERY OR CREMATORY: Park View
24d. LOCATION (City, town, or county) (State): Park View, New Plymouth, Ida.

DATE REC'D BY LOCAL REG.: 3-18-1967
REGISTRAR'S SIGNATURE: Roberta E. Shaffer
25. EMBALMER: Gifford L. Shaffer — LICENSE NO. #344
FIRM NAME: SHAFFER MEMORY CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: APR 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1286
Local Reg. No. 11
Reg. Dist. No. 330

RECEIVED MAR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 40 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 367 3rd Ave North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Walter	Hamilton	French	March 18 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	3/21/83	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64	Farming	Indiana	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry French	Indiana	Mary Picket	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-8568	Von French	Payette, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of prostate with metastases — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure — 2 days
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1956, 19___, *to* 3-18-67, 19___, *that I last saw the deceased alive on* 3-17-67, 19___, *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	Payette, Idaho	3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/21/67	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-20-67	Roberta E. Shaffer	Donald F. Brown	E-408

FIRM NAME: Chapel of the Roses Payette Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1287
Local Reg. No. 14
Reg. Dist. No. 330

BIRTH NO.

RECEIVED APR 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 635 North 7th St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 635 North 7th St.

3. NAME OF DECEASED (Type or Print): a. (First) Fred; b. (Middle); c. (Last) Knaggs

4. DATE OF DEATH (Month) (Day) (Year): March 24, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 24, 1884

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Own farm

11. BIRTHPLACE (State or foreign country): Wrightsville, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Knaggs — BIRTHPLACE: Yorkshire, Eng.

14. MOTHER'S MAIDEN NAME: Sarah Mitchell — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 517-05-5121

17. INFORMANT'S OWN SIGNATURE: Betty J. Johnstone — ADDRESS: Idaho Twin Falls,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic pulmonary emphysema — years

DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* 1958, 19___, *to* March 24, 1967, *that I last saw the deceased alive on* March 24, 19 67, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Payette, Idaho — **23c. DATE SIGNED**: 3/24/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: March 27, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Riverside Cemetery — **24d. LOCATION** (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67 — **REGISTRAR'S SIGNATURE**: Roberta E. Shaffer

25. EMBALMER: Gifford R. Shaffer — **LICENSE NO.**: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 3 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1288
Local Reg. No. 15
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 3 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 333 SW Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Hannah; b. (Middle) Elizabeth; c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 10, 1892

9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife C

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Windson, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Toole — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): - - - - -

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Geo Wilson — ADDRESS: Ida. Payette,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of colon with extensive metastases — INTERVAL BETWEEN ONSET AND DEATH: year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: - - - - - -

22. *I hereby certify that I attended the deceased from* Feb. , 1967 , *to* March 27, 1967 , *that I last saw the deceased alive on* March 27 , 1967 , *and that death occurred at* 11:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 3/27/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. EMBALMER: Gifford R. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1289
Local Reg. No. 6
Reg. Dist. No. 510-602

RECEIVED
MAR 1 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location) 248 Tyler

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
DAVID	MARVIN	MORRIS	March 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 2, 1896	71	0	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired foreman 24	U. P. Railroad	Portage, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Wm. Morris	Utah	Susannah Green	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW 1 3	712-07-6299	Nadine Schutter	Aberdeen, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mild diabetes mellitus — 7 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Nov. 5a, to Mar. 1, 67, *that I last saw the deceased alive on* Mar. 1, 67, *and that death occurred at* 2:38P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harris M.D. 203	American Falls, Idaho	Mar. 3 '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-4- 67	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-7-67	Callene Hadfield	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 2 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1290
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 45 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1234 Idanha

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Seaman	Taggart	March 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	Aug. 18, 1886	80	6	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Carpenter	Farm	Richville, Morgan City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Wallace Taggart,	Council Bluffs, Iowa	Mary Susannah Seaman	Centerville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-16-4766	G. Earl Taggart	Pingree

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — 2 years
DUE TO (c) chronic myocarditis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Old poorly functioning gastro enterostomy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Aug, 1964, *to* Feb. 17, 1967, *that I last saw the deceased alive on* Feb. 17, 1967, *and that death occurred at* 10 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. L. Harris, M.D. - M.D.	American Falls, Idaho	3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-9-67	Aberdeen Cemetery	Aberdeen, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-14-67	Callen Hadfield	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Howard Packham Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, 801 SE, IDAHO

Certificate of Death

RECEIVED MAR 2 1 1967 BUREAU OF Vital Statistics

STATE OF IDAHO

State File No. 1291
Local Reg. No. 38
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hi-way 30 N.
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7½ miles west Pocatello, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 947 North Garfield

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRED	B.	FECHTEL	March 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Feb. 13, 1896	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer 21	Railroad	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Fechtel	Germany	Sarah Tye	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I 3	712-07-2181	Mary A. Fechtel	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Extensive brain damage — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Suicide	Rural 14	7½ miles west 390 13 Pocatello	Power	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Mar. 10, '67 4:00 a.m. p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ *to* ~~[illegible]~~, *that I last saw the deceased alive on* Mar. 10, 19 67, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bud Kelly 583	Coroner 4	American Falls, Idaho	3-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-14-67	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-17-67	Callund Hadfield	John P. Downard	E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 27 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1292
Local Reg. No. 9
Reg. Dist. No. 500-602

BIRTH NO. 67-2843

RECEIVED MAR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 12½ hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lee	Ann	Johns	March	13,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Infant	Mar. 13, 1967	0	0	0	12	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		American Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Duane Johns		Donna Savage	Aberdeen, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Pearl Savage	Aberdeen, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hyline Membrane disease	12 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Prematurity	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 13, 1967, *to* March 13, 1967, *that I last saw the deceased alive on* March 13, 1967, *and that death occurred at* 9:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	American Falls, Idaho	3-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	3-16-67	Aberdeen Cemetery	Aberdeen Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-17-67		Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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0-67-2843

State File No. 1293
Local Reg. No. 12
Reg. Dist. No. 500-602

Certificate of Death

STATE OF IDAHO

RECEIVED APR 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Truck Stop

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIS
b. (Middle): VAUGHN
c. (Last): BARRON

4. DATE OF DEATH (Month) (Day) (Year): Mar. 26, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Mar. 10, 1930
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months 0, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef 21
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lloyd Barron — BIRTHPLACE: Longmont, Colorado
14. MOTHER'S MAIDEN NAME: Bernice Crowley — BIRTHPLACE: Mohler, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 12-12-51 to 12-1-61
16. SOCIAL SECURITY NO.: 519-26-4566
17. INFORMANT'S OWN SIGNATURE: Mrs Dean Hansen — ADDRESS: Preston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute coronary thrombosis, left anterior decending branch — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Fatty metamorphosis liver, extreme obesity
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ~~19~~ to ~~19~~ that I last saw the deceased alive on* Mar. 26, 19 67, *and that death occurred at* 8:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly 583 — (Degree or title): Coroner
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial
24b. DATE: 3-30-67
24c. NAME OF CEMETERY OR CREMATORY: Valley View Cemetery
24d. LOCATION (City, town, or county) (State): Rockland, Idaho

DATE REC'D BY LOCAL REG.: 4-8-67
REGISTRAR'S SIGNATURE: Colleen Hadfield
25. EMBALMER: H. L. Davis — LICENSE NO.: H. L. Davis E-253
FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1294
Local Reg. No. 11
Reg. Dist. No. 500-602

67-2852 RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

APR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Power
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 325 Filmore Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): ANN
b. (Middle): LOREEN
c. (Last): PACKER

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 28, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 24 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: XXXX
11. BIRTHPLACE (State or foreign country): American Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Sharon Packer — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: XXXXX
17. INFORMANT'S OWN SIGNATURE: Leo L. Packer — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7735

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hyline Membrane Disease — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 28, 1967, *to* March 29, 1967, *that I last saw the deceased alive on* 3-29, 1967, *and that death occurred at* 6:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 141 MD
23b. ADDRESS: American Falls Idaho
23c. DATE SIGNED: 4-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-8-67
REGISTRAR'S SIGNATURE: Collins Hadfield
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-2852

State File No. 1295
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
MAR 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp. 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Box 106 Kingston, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): H.
c. (Last): STRANGER

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 31, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Service Station
10b. KIND OF BUSINESS OR INDUSTRY: Gas and Oil
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fredrick W. Stranger — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 518-18-8199
17. INFORMANT'S OWN SIGNATURE: C. Robert Stranger — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebrovascular accident — 1½ weeks
DUE TO (c): Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May 1960 *to* 3 Mar, 1967, *that I last saw the deceased alive on* 3 Mar, 1967, *and that death occurred at* 1930 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Whitehead MD 539 (Degree or title)
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 4 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hunt's
24d. LOCATION (City, town, or county) (State): Kingston, Idaho

DATE REC'D BY LOCAL REG.: 3-8-67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross — LICENSE NO.: E-497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

(3)

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1296
Local Reg. No. 23
Reg. Dist. No. 140

BIRTH NO.

MAR 9 1967

Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Bank Street

3. NAME OF DECEASED (Type or Print): a. (First) Emma; b. (Middle) Henriette; c. (Last) Rude

4. DATE OF DEATH: (Month) Mar. (Day) 6, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Springfield, Minn.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Petersen — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Harry M. Rude — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Poss hyperthyroidism — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December 1966, *to* 6 Mar, 1967, *that I last saw the deceased alive on* 3 Mar, 1967, *and that death occurred at* 5:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert J. Cornell 435 — (Degree or title): MD
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 3/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-10-67
24c. NAME OF CEMETERY OR CREMATORY: Polson
24d. LOCATION (City, town, or county) (State): Polson, Montana

DATE REC'D BY LOCAL REG.: 3-7-67
REGISTRAR'S SIGNATURE: Dale L. Cornell

25. EMBALMER: Dale L. Cornell — LICENSE NO.: E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1297
Local Reg. No. 24
Reg. Dist. No. 142

RECEIVED MAR 22 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 122 A Vergobbi

3. NAME OF DECEASED (Type or Print): a. (First) EDNA; b. (Middle); c. (Last) STEWARD

4. DATE OF DEATH: (Month) March (Day) 11, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: April 21, 1890
9. AGE (In years last birthday): 76 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clause Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Edna L. Steward — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Kidney Infection — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) on 3-2-67
DUE TO (c) Intoxication & Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hx Infection for 10 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2, 1967, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 9:25 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Maisel 494 (Degree or title) MD
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg Idaho

DATE REC'D BY LOCAL REG.: 3/15/67
REGISTRAR'S SIGNATURE: Joe Deane
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

FIRM NAME: MAISEL'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1298
Local Reg. No. 23
Reg. Dist. No. 142

Certificate of Death

RECEIVED
MAR 22 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp. 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): Bunker Hill Staff House

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): O.
c. (Last): BRAHAM

4. DATE OF DEATH (Month) (Day) (Year): Mar. 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 9, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Post Master
10b. KIND OF BUSINESS OR INDUSTRY: Post Office
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nels H. Braham — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Gina Olson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 518-01-7846
17. INFORMANT'S OWN SIGNATURE: Mrs Anna C. Sage — ADDRESS: Spokane

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2-29-67
DUE TO (c): Dec CVA 4 years ago

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-27, 1967, *to* 3-11, 1967, *that I last saw the deceased alive on* 3-11, 1967, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Stating MD 494
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 3-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: Mar. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Park
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 3/15/67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:- MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1299
Local Reg. No. 26
Reg. Dist. No. 140

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

MAR 29 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Silverton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Grayce
b. (Middle) Margaret
c. (Last) Zanetti

4. DATE OF DEATH (Month) (Day) (Year) March 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 17, 1914
9. AGE (In years last birthday) 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Frenchtown, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Lebert — BIRTHPLACE Frenchtown, Mont.
14. MOTHER'S MAIDEN NAME May Castonguay — BIRTHPLACE Frenchtown, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 516-03-6270
17. INFORMANT'S OWN SIGNATURE Wm Zanetti — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

431X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis, acute — INTERVAL BETWEEN ONSET AND DEATH hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hepatitis, Chronic — Months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* Mar. 18, 1967, *that I last saw the deceased alive on* Mar. 11, 1967, *and that death occurred at* 2,489 *m., from the causes and on the date stated above.*

23a. SIGNATURE 168 (Degree or title) J. L. Gerald MD
23b. ADDRESS Wallace Ida
23c. DATE SIGNED 3-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE Mar. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Smith & Company
24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. 3-22-67
REGISTRAR'S SIGNATURE Dale L Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 3 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1300
Local Reg. No. 25
Reg. Dist. No. 140

RECEIVED
MAR 29 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): 17 Mullan Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Rena
b. (Middle): Ethel
c. (Last): Harlow

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): C
8. DATE OF BIRTH: Nov. 20, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife C1
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Colfax, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David A. Beasley — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Martha Lloyd — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-56-5097
17. INFORMANT'S OWN SIGNATURE: X Merle Harlow — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Renal failure — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 2nd & 3rd degree burns face, Chest extremities
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: [redacted]

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home C1
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 Wallace 402 Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 3-17-67 5 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Night gown caught fire from cigarette

22. *I hereby certify that I attended the deceased from* 3-17, 1967, *to* 3-18, 1967, *that I last saw the deceased alive on* 3-18, 1967, *and that death occurred at* 10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 168 Gerald M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-22-67
24c. NAME OF CEMETERY OR CREMATORY: Pullman
24d. LOCATION (City, town, or county) (State): Pullman Wash

DATE REC'D BY LOCAL REG.: 3-22-67
REGISTRAR'S SIGNATURE: Dale L. Cornell
25. EMBALMER: Dale L. Cornell — LICENSE NO.: E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1301
Local Reg. No. 25
Reg. Dist. No. 1 4 2

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 401 APR 7 1967 000 Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400 b. COUNTY Shoshone
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kingston
d. STREET ADDRESS (If rural, give location) Kingston, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) David b. (Middle) R. 141 c. (Last) Calvert

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1967

5. SEX Male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Oct. 3, 1891

9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Miner 01

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Tyler, Wash.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Calvert

BIRTHPLACE Iowa

14. MOTHER'S MAIDEN NAME Anna Schowalter

BIRTHPLACE Vermont

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-16-9015

17. INFORMANT'S OWN SIGNATURE Bonita Calvert ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular accident — 6 days
DUE TO (c) Arteriosclerosis — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 47 *to* 26 Mar, 1967, *that I last saw the deceased alive on* 26 Mar, 19 67, *and that death occurred at* 6:12 *m., from the causes and on the date stated above.*

23a. SIGNATURE Ren M. Wheler (Degree or title) 539 M.D.

23b. ADDRESS Kellogg Idaho

23c. DATE SIGNED 22 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Mar. 22, 1967

24c. NAME OF CEMETERY OR CREMATORY Forest

24d. LOCATION (City, town, or county) Coeur d'Alene, Idaho (State)

DATE REC'D BY LOCAL REG. 4-3-67

REGISTRAR'S SIGNATURE

25. EMBALMER Donald Maisel

LICENSE NO. 452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1302
Local Reg. No. 32
Reg. Dist. No. 142

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

401 APR 13 1967 3-07
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 307 Maple

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): E. 141
c. (Last): Varker

4. DATE OF DEATH (Month) (Day) (Year): March 21, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2
8. DATE OF BIRTH: Oct. 31, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): London, England
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Dent — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ~~Yes~~ — (If yes, give war or dates of service): None 464X
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: J. Clemson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: 12-18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable phlebothrombosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 15 1967
19b. MAJOR FINDINGS OF OPERATION: Cholelithiasis, Hiatus hernia
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 21, 1967, *to* Mar 22, 1967, *that I last saw the deceased alive on* Mar 22, 1967, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B. Scott MD 461
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Mar. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moon's
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Robert G. Ross
LICENSE NO.: E-497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1303
Local Reg. No. 27
Reg. Dist. No. 140

BIRTH NO.

RECEIVED
APR 20 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone ID-402
b. CITY OR TOWN Wallace
c. LENGTH OF STAY IN (this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Shoshone 402
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 509 Cedar Street

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) Christine c. (Last) Frank

4. DATE OF DEATH (Month) (Day) (Year) Mar. 22, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH Dec. 31, 1883

9. AGE (In years last birthday) 83
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) LaSalle, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ole Nelson
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-24-1779

17. INFORMANT'S OWN SIGNATURE A. E. Frank
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Renal

DUE TO (c) Disease. arteriosclerosis, generalized — Several years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe, Acute & Chronic Urinary Tract Infection — Several years
Fibrosis of chest

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-20-57, *to* 3-22-67, *that I last saw the deceased alive on* 3-22-67, *and that death occurred at* 1:35 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE T. M. Peterson, (Degree or title) M.D. 414

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 3-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-25-67

24c. NAME OF CEMETERY OR CREMATORY Nine Mile

24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 3-25-67

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell

LICENSE NO. E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED APR 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1304
Local Reg. No. 26
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 401 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pinehurst
d. STREET ADDRESS (If rural, give location) 605 A. Street

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) J. 141 c. (Last) BLAKNEY

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 4, 1889
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fred Russell BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Louise Case BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-3182D
17. INFORMANT'S OWN SIGNATURE Emma R. Blakney ADDRESS Pinehurst Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronar Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis.
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes

19a. DATE OF OPERATION 3.17.67
19b. MAJOR FINDINGS OF OPERATION Diabetic Gangrene R. leg.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1964, 19__ to March 24, 1967, that I last saw the deceased alive on 3.24.1967, and that death occurred at 9:15 P.M. from the causes and on the date stated above.

23a. SIGNATURE [signature] 052 (Degree or title) MD
23b. ADDRESS 12 Ellog Idaho
23c. DATE SIGNED 3.27.67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY Forest
24d. LOCATION (City, town, or county) (State) Coeur D' Alene, Idaho

DATE REC'D BY LOCAL REG. 4-3-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Robert A. Ross LICENSE NO. E-497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1305
Local Reg. No. 28
Reg. Dist. No. 142

RECEIVED APR 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 401 2-01
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Page
d. STREET ADDRESS (If rural, give location): Page, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): E. 141
c. (Last): HAND

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 27, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Custodian 06
10b. KIND OF BUSINESS OR INDUSTRY: School District
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Elijah Hand — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Susan P. Roberts — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7541
17. INFORMANT'S OWN SIGNATURE: Mrs Lois Yrjana — ADDRESS: Page, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Disease — 5 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Bronchial Asthma — 15 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952, *to* 27 March, 1967, *that I last saw the deceased alive on* 27 Mar, 1967, *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whiteneck 539 MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 27 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Mem. Grdns.
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 4-3-67
REGISTRAR'S SIGNATURE: Joe Irvine
27. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-789

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1306
Local Reg. No. 27
Reg. Dist. No. 142

BIRTH NO.

APR 7 1967

4-04

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at #2 B West Mission

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): #2 B West Mission

3. NAME OF DECEASED (Type or Print)
a. (First): DARIN
b. (Middle): M.
c. (Last): BIRCHER

4. DATE OF DEATH (Month) (Day) (Year): March 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 1, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months: 2. | Days: 27 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Kellogg, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Tim Bircher
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Cindy Carney
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Tim Bircher
ADDRESS: Kellogg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 7954 Sudden Death Syndrome — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jan 1967 *to* 27 Mar 1967, *that I last saw the deceased alive on* 14 Mar 1967, *and that death occurred at* 2 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitesel 539 MD.

23b. ADDRESS: 204 Oregon Kellogg

23c. DATE SIGNED: 27 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Mar. 29, 1967

24c. NAME OF CEMETERY OR CREMATORY: Greenwood

24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 4-3-67

REGISTRAR'S SIGNATURE: Joe Deane

25. EMBALMER: Donald Maisel

LICENSE NO.: 492

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1307
Local Reg. No. 29
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

RECEIVED APR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 .000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 225 South Division

3. NAME OF DECEASED (Type or Print)
a. (First): ELMA
b. (Middle): BERYL 138
c. (Last): WESTCOTT

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: Mar. 9, 1881
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Pedie McCarty — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Luella Huddelton — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: George Westcott — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart
DUE TO (c): Disease & Brain Disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1957, *to* 29 Mar, 1967, *that I last saw the deceased alive on* 28 Mar 1967, *and that death occurred at* 5:25 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen M. Whitecel 539 M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 3 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: April 1, 1967
24c. NAME OF ~~CEMETERY~~ OR CREMATORY: Moon
24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: 4-3-67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel
LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 7 1967
JUN 13 1967
OCT 19 1967
JAN 11 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1308
Local Reg. No. D-086
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAR 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hazel Del Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 317 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First) HAZEL
b. (Middle)
c. (Last) RICHARDSON

4. DATE OF DEATH (Month) (Day) (Year) March 1, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4 divorced
8. DATE OF BIRTH April 19, 1901
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) addendant 06
10b. KIND OF BUSINESS OR INDUSTRY laundry
11. BIRTHPLACE (State or foreign country) Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ril Richardson — BIRTHPLACE unkn
14. MOTHER'S MAIDEN NAME Alice Ballenger — BIRTHPLACE Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 519-07-9482A
17. INFORMANT'S OWN SIGNATURE La Von C Gilman — ADDRESS Twin Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis Body generally — INTERVAL BETWEEN ONSET AND DEATH 5 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Oat Cell Carcinoma lung — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) - - - - - (COUNTY) - - - - - (STATE) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 10-4, 1966, *to* 3-1, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Harry F. Brumbach (Degree or title) 052
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 3-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 2-6-67
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3-6-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Dale P. Patterson
LICENSE NO. E-451

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 10 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1309
Local Reg. No. 12-087
Reg. Dist. No. 420

RECEIVED MAR 1 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
VITAL STATISTICS STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River Canyon 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly Rural
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Edward	Westfall	March 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	married 3	December11,1925	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pro-Boxerand Farmer		Kimberly, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Stanley Westfall 21	Abilene, Kansas	Sarah E. Hall	Fayette, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes WW II 2	518-36-5823	X Virginia Westfall	Rt. 1 Kimberly, Ida.

9088

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures & Injuries — INTERVAL BETWEEN ONSET AND DEATH: Instantan-ious

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 200 foot fall from Snake River Canyon
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident or Suicide	18	Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Fell or jumped from edge of Snake River Canyon

22. *I hereby certify that I attended the deceased from* Never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	120 Adams, Twin Falls, Ida.	3-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-6-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-6-67	Pamela J. Johnson	[signature]	E-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1310
Local Reg. No. 2088
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 330 Jackson St.-Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 330 Jackson St.

3. NAME OF DECEASED (Type or Print): a. (First) Frank b. (Middle) c. (Last) Schnell

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: 8-11-1892

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 74

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Cemetery 06

10b. KIND OF BUSINESS OR INDUSTRY: Employee

11. BIRTHPLACE (State or foreign country): Abrowatz, Yugoslavia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-34-7137

17. INFORMANT'S OWN SIGNATURE X Opal Cullinan — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart disease — unknown
DUE TO (c): Old Age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Never *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. Thad Scholes M.D. T.F. County Coroner
23b. ADDRESS: 120 Adams, Twin Falls
23c. DATE SIGNED: 3-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-7-67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 3/6/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER:
LICENSE NO.: E-343
FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-60021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1311
Local Reg. No. D-089
Reg. Dist. No. 460

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

421 MAR 1 0 1967 000

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kimberly
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): Issac
c. (Last): Marsh

4. DATE OF DEATH (Month) (Day) (Year): March 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 5, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James B. Marsh — BIRTHPLACE: UNK
14. MOTHER'S MAIDEN NAME: UNK — BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 524-01-1136
17. INFORMANT'S OWN SIGNATURE: X Milford A. Marsh — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 mins

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Heart Plaque
DUE TO (c): ✓

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ✓

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1959, *to* March 3rd, 1967 *that I last saw the deceased alive on* March 1, 1967, *and that death occurred at* 11 pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Msl, 417
23b. ADDRESS: 542 Main So. Twin Falls, Ida
23c. DATE SIGNED: 3-6-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3/8/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1312
Local Reg. No. D-090
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
MAR 1 6 1967
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-1221 9th Ave. E. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1221 9th Ave. E.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Emma	Pauline	Cooper	March 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	widowed 2	1-6-1881	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Province Posten, Germany	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Germany	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-9166	*Mrs W. C. Stroh	Twin Falls Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary arteriosclerosis — 5 yrs

DUE TO (c) Generalized arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug 1, 1960, *to* March 5, 1967, *that I last saw the deceased alive on* March 5, 1967, *and that death occurred at* 10:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard W. Clark M.D.	Twin Falls, Idaho	2-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	3-10-67	Sunset Memorial Park	Twin Falls,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/8/67	Pamela J. Johnson		E-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1313
Local Reg. No. D-098
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 1-55
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 428 12th St North

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle):
c. (Last): BEEGHLEY

4. DATE OF DEATH (Month) (Day) (Year): Mar 7 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 22, 1898
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouse foreman
10b. KIND OF BUSINESS OR INDUSTRY: Feed store
11. BIRTHPLACE (State or foreign country): Pierson, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Beeghley 26
BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Anna Foft
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-09-4886
17. INFORMANT'S OWN SIGNATURE: Minnie Beeghley
ADDRESS: 428 12th N. Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cor pulmonale — Years
DUE TO (c): Pulmonary Emphysema — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 21, 1961, *to* March 7, 1967, *that I last saw the deceased alive on* March 7, 1967, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W Cullen MD 118
23b. ADDRESS: 122 9th Ave No Buhl
23c. DATE SIGNED: 3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Mar 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county): Buhl (State): Idaho

DATE REC'D BY LOCAL REG.: 3-15-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E-480
FIRM NAME: Albertson DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1314
Local Reg. No. D-709
Reg. Dist. No. 460

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

421 MAR 28 1967 201
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 7I4 Linden St

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): L. 143
c. (Last): LIVELY

4. DATE OF DEATH (Month) (Day) (Year): Mar 7 I967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: April I3, I89I
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Decauter, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harmon A. Barber — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Luella Washborn — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-12-9409D
17. INFORMANT'S OWN SIGNATURE: Russell Lively — ADDRESS: Buhl

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of breast. left - Metastatic of left clavicle numerous ribs the left pleural — INTERVAL BETWEEN ONSET AND DEATH: One year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): a Radical Mastectomy, on — 5-16-1957
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1957, *to* 3-7, 1967, *that I last saw the deceased alive on* 3-7, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Tom H Anderson, M.D. 011
23b. ADDRESS: Buhl, Idaho
23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: March II, I967
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1315
Local Reg. No. 2-093
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAR 1 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hospl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 555 Highland

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) CC c. (Last) SAIS

4. DATE OF DEATH (Month) (Day) (Year) March 7, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 9, 1892
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 84
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Los Lentes, New Mexico
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis Sais BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Josefa Chavez BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Unknown
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 571-24-4421
17. INFORMANT'S OWN SIGNATURE Margarite Marten ADDRESS Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 5 yrs.
DUE TO (c) Generalized arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease — 7 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 2, 1960, *to* March 7, 1967, *that I last saw the deceased alive on* March 7, 1967, *and that death occurred at* 4:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Willard H Clark MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-10-67
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3/10/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1316
Local Reg. No. D-096
Reg. Dist. No. 460

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Savage Warehouse (work)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 533 Main St. North

3. NAME OF DECEASED (Type or Print): a. (First) Milo b. (Middle) W. 000 c. (Last) Craig

4. DATE OF DEATH (Month) (Day) (Year): March 8, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 2, 1908

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Office Manager 24

10b. KIND OF BUSINESS OR INDUSTRY: Produce Co.

11. BIRTHPLACE (State or foreign country): Brady, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert L. Craig — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Edith Carlson — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 530-10-3427

17. INFORMANT'S OWN SIGNATURE & Mrs. W. W. Craig — ADDRESS: Kimberly, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: ---

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 19 51, *to* March 8, 19 67, *that I last saw the deceased alive on* 8 March, 1967, *and that death occurred at* 10:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Ellis Knight M.D. 284

23b. ADDRESS: Kimberly, Idaho

23c. DATE SIGNED: 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 11, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-15-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER

LICENSE NO.: E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1317
Local Reg. No. 0-092
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 3-05
b. CITY OR TOWN Twin Falls (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 257 West Heyburn Avenue

3. NAME OF DECEASED (Type or Print) a. (First) PRISCILLA b. (Middle) 143 c. (Last) MONTGOMERY

4. DATE OF DEATH (Month) (Day) (Year) March 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 19, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	Domestic	Higbee, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas D. Williams,	So. Wales	Mary Jane Lilly,	So. Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-2806	Ivan O. Montgomery	Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Metastatic papillary adenomacarcinoma to omentum — 3 yrs
DUE TO (c) Papillary adenocarcinoma of ovary — 6 wks

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
- - - - - - - m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	- - - - -

22. *I hereby certify that I attended the deceased from* March 15 1960, *to* March 8, 1967, *that I last saw the deceased alive on* March 8, 19 67, *and that death occurred at* 1:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward A. Clark M.D. 0-092	Twin Falls, Idaho	3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-11-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/10/67	Pamela J. Johnson	William L. Boyer	E-490

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Twin Falls Mortuary

MAR 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1318
Local Reg. No. D-091
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 1-19
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 19 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2110 Eldredge Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 2110 Eldredge Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JAMES
b. (Middle) ELMOR
c. (Last) IRWIN

4. DATE OF DEATH (Month) (Day) (Year) March 8, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4
8. DATE OF BIRTH Dec. 7, 1895
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 06
10b. KIND OF BUSINESS OR INDUSTRY general
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert Irwin — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Alice Berrett — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 519-09-1693
17. INFORMANT'S OWN SIGNATURE Naoma J. Irwin — ADDRESS 326 E. 17th Idaho Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mycardial Infarction — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) - - - - - - - (COUNTY) - - - - (STATE) - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* Never, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 2:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE H. Thad Scholes M.D. (Degree or title) 707
23b. ADDRESS 120 Adams, Twin Falls
23c. DATE SIGNED 3-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-13-67
24c. NAME OF CEMETERY OR CREMATORY Ucon Cemetery
24d. LOCATION (City, town, or county) Ucon, Bonneville (State) Idaho

DATE REC'D BY LOCAL REG. 3/10/67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Dale P. Patterson — LICENSE NO. E-451
FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1319
Local Reg. No. P-097
Reg. Dist. No. 420

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY IN THIS PLACE: 00
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 4½ Miles South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 4½ miles south

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Josephine c. (Last) Booth

4. DATE OF DEATH (Month) (Day) (Year): March 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Female	White	Widowed 2	Feb. 9, 1887	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Cherokee Co. Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Conrad Smith	Germany	Charlsetta Patrick	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-44-7618	X Mrs William H. Verla Ford	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: one week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Vascular Arteriosclerosis — 10 yrs.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* Never, 19___, *and that death occurred at* 3:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Thad Scholes M.D.	120 Adams Twin Falls	3-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-11-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-15-67	Pamela J. Johnson		E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 29 1982

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1320
Local Reg. No. D-094
Reg. Dist. No. 460

RECEIVED MAR 20 1967 Bureau of Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castleford
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1 mile W. & 1 mile North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Castleford
d. STREET ADDRESS (If rural, give location): Rural Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
PAUL	W.	LEHMANN	3 - 10 - 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	2-1-1945	22				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farm Labor 04	Farming	Kent, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Maynard W. Lehmann	Stillwater, Oklahoma	Evelyn E. Pershall	Seattle, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-50-0696	Stanley Lehmann	Wendell, Idaho

MEDICAL CERTIFICATION

9140

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Electric Shock
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 420 (COUNTY) (STATE)
Accident	Home on farm 02	Rural Castleford, Twin Falls, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
3-10-1967 6:30p.m.		Electrocuted Climbing Power Pole

22. *I hereby certify that I attended the deceased from* Did Not Attend, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 6:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Thad Scholes M.D. Coroner	120 Adams Street Twin Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-14-1967	Filer I.O.O.F. Cemetery	Filer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-14-67	Pamela J. Johnson	Paul D. Reynolds E-495	

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 21 1967
APR 20 1967
APR 24 1967
OCT 31 1967
JUL 01 2010

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1321
Local Reg. No. D-095
Reg. Dist. No. 460

RECEIVED MAR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hansen
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural Route 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Hansen
d. STREET ADDRESS (If rural, give location) Rural Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETHEL		LA COURSE	3 - 11 - 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	7-8-1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Bozeman, Montana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Winkler	Ohio	Kate White	Kentuckey

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	517-01-1812 B	Fanny LaCourse	Hansen, Idaho

465X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Pulmonary Emb's. — INTERVAL BETWEEN ONSET AND DEATH Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis, Rheumatoid Arthritis ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/11, 1964, *to* 3/11, 1967, *that I last saw the deceased alive on* 3/13, 1967, *and that death occurred at* 11:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy O Stanks M.D.	M.D. 4/66	111 6th Ave. East Twin Falls, Idaho	3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	3-14-1967	Joliet Cemetery	Joliet, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-14-67	Pamela J. Johnson	Paul D. Reynolds	E- 495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-6202A

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1322
Local Reg. No. D-89
Reg. Dist. No. 460

RECEIVED MAR 20 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 3-08
b. CITY OR TOWN Twin Falls (If outside corporate limits, write RURAL and give township) Burial
LENGTH OF STAY (in this place) 8 days

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 1139 Fourth Avenue East

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

3. NAME OF DECEASED (Type or Print) a. (First) SARAH b. (Middle) KATHERINE 143 c. (Last) JAMES

4. DATE OF DEATH (Month) (Day) (Year) March 13, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Mar. 2, 1875
9. AGE (In years last birthday) 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE George Washington Kelsay, Mo.
14. MOTHER'S MAIDEN NAME BIRTHPLACE Mary Elizabeth Francis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) - - - - - - -
16. SOCIAL SECURITY NO. 518-60-3285-I
17. INFORMANT'S OWN SIGNATURE Nina Hardy ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1967, *to* 3-13, 1967, *that I last saw the deceased alive on* 3-13, 1967, *and that death occurred at* 9:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. W. Kendall M.D. 271
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 3-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3-16-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 07 2006

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED MAR 23 1967 BUREAU of VITAL STATISTICS

Certificate of Death

STATE OF IDAHO

State File No. 1323
Local Reg. No. D-103
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sky View Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 221 6th. Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	W.	King	March 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	July 2, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Agriculture	Cowden, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. King	Tenn.	Katherine Collins	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W. W. I 3	516 20 6348	Willard H Hove	Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 5 yrs.
DUE TO (c) Generalized arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 13, 1966, *to* March 13 1967, *that I last saw the deceased alive on* March 13 1967, *and that death occurred at* 12:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Clark MD 097	Twin Falls, Idaho	3-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 16, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-21-67	Pamela J. Johnson	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form PH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a ~~person has resided~~ in the county where death occurred ~~for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1324
Local Reg. No. 12-106
Reg. Dist. No. 460

BIRTH NO. 67-2936

RECEIVED MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 430 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl,
d. STREET ADDRESS (If rural, give location) Rt, 1

3. NAME OF DECEASED (Type or Print) a. (First) Patrick b. (Middle) 143 Anthony c. (Last) Waynetska

4. DATE OF DEATH (Month) (Day) (Year) March 14, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH March 14, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 15 Min. 45

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Waynetska BIRTHPLACE Rochester, New York
14. MOTHER'S MAIDEN NAME Margaret Griggs BIRTHPLACE Buhl, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE Ernest Wagner ADDRESS Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiration distress Syndrom — INTERVAL BETWEEN ONSET AND DEATH 12 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature Birth
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Birth 14 Mar 1967, to 14 Mar 1967, that I last saw the deceased alive on 14 Mar, 1967, and that death occurred at 9:20 P m., from the causes and on the date stated above.

23a. SIGNATURE William G Doody (Degree or title) M.D.
23b. ADDRESS 120 9th Ave N Buhl Ida
23c. DATE SIGNED 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-17-67
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) Buhl (State) Idaho

DATE REC'D BY LOCAL REG. 3-22-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER
LICENSE NO. E-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

b-67-2936

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1325
Local Reg. No. 0-107
Reg. Dist. No. 460

RECEIVED MAR 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 421 Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 144 Blue Lakes Blvd.

3. NAME OF DECEASED (Type or Print): a. (First) Eva b. (Middle) 143 c. (Last) Stevens

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	June 8, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Mohr	Germany	Eva Mohr	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-60-3171-T	[signature]	Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PHLEBOTHROMBOSIS
DUE TO (c) LOBECTOMY FOR LUNG TUMOR

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2/1, 1967, *to* 3/16, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John M. McKie 678 M.D.	676 Shoup Ave. W. Twin Falls	3/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3-20-67	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/22/67	Pamela J. Johnson	Ronald J. Hamilton	E-470

Federal Security Agency
United States Public Health Service
Form DH-62021

FIRM NAME: WHITE MORTUARY 733-6600

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1326
Local Reg. No. D-100
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAR 20 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldell Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 603 6th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Edna
b. (Middle): H.
c. (Last): Davis

4. DATE OF DEATH (Month) (Day) (Year): March 16, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 2-22-1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Russell Pease — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Mary Ellen-Unknown — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Grover C. Davis — ADDRESS: Filer, Ida.

18. CAUSE OF DEATH 443X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: One hour.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1960, *to* March 16, 1967, *that I last saw the deceased alive on* March 14, 1967, *and that death occurred at* 6:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Max W. Lawer 085 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: March 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3.18.67
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer Idaho

DATE REC'D BY LOCAL REG.: 3/17/67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WHITE MORTUARY 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1327
Local Reg. No. 12-101
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY: Twin Falls 421 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls c. LENGTH OF STAY (in this place): 00D d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem.Hospital 143	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho b. COUNTY: 420 T.Falls c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls d. STREET ADDRESS (If rural, give location): R.R.#3

3. NAME OF DECEASED (Type or Print)	a. (First): Byrd	b. (Middle):	c. (Last): Walter	4. DATE OF DEATH (Month) (Day) (Year): March 16,1967
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1	8. DATE OF BIRTH: June 29,1878	9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret.Horticulturist 04	10b. KIND OF BUSINESS OR INDUSTRY:		11. BIRTHPLACE (State or foreign country): Cheney,Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: George Washington Walter	BIRTHPLACE: unknown		14. MOTHER'S MAIDEN NAME: Mary Byrd	BIRTHPLACE: unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-44-2404 A	17. INFORMANT'S OWN SIGNATURE: Michael B. Gray	ADDRESS: Twin Falls,Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2001

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Lymphosarcoma of lymphnodes and liver	July 1962
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease with congestive failure	May 1966

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 5, 19 62, *to* 3/16/, 19 67, *that I last saw the deceased alive on* Mar. 15, 19 67 *and that death occurred at* 12:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: B.L. Kreibamg M.D. 296 (Degree or title) M.D.	23b. ADDRESS: Twin Falls,Idaho	23c. DATE SIGNED: 3-17-67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation 3	24b. DATE: 3/18/67	24c. NAME OF CEMETERY OR CREMATORY: Mt.View Memorial	24d. LOCATION (City, town, or county) (State): Boise,Idaho
DATE REC'D BY LOCAL REG.: 3/17/67	REGISTRAR'S SIGNATURE: Pamela J. Johnson	25. EMBALMER: Paul D.Reynolds	LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1328
Local Reg. No. D-111
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF TIME (in this place): 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 184

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 209 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): DAISY
b. (Middle): V.
c. (Last): SHAVER

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 18, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Nick Widner — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Sarah Ann Claxton — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-46-4380D
17. INFORMANT'S OWN SIGNATURE: Don Shaver — ADDRESS: 209 12th N. Buhl, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Years
DUE TO (c): Diabetes mellitus — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 6, 1962, *to* March 18, 1967, *that I last saw the deceased alive on* March 17, 1967, *and that death occurred at* 12:15 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Cullings MD 118
23b. ADDRESS: 122 9th Ave No
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/21/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1329
Local Reg. No. V-108
Reg. Dist. No. 460

BIRTH NO.

RECD MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 436 45th Ave. E.

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): VERN 143
c. (Last): MODLIN

4. DATE OF DEATH (Month) (Day) (Year): Mar. 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 21, 1896

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Parson, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles E. Modlin
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Minnetta Belle Gibson
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3

16. SOCIAL SECURITY NO.: 519-07-5488

17. INFORMANT'S OWN SIGNATURE: X C. Wayne Modlin
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): SHOCK
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): BLOOD LOSS
DUE TO (c): SURGERY-AORTIC ANEURYSM

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
CONGESTIVE FAILURE
RENAL FAILURE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/13, 1967, *to* 3/18, 1967, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 12:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John M. McKa
(Degree or title): M.D.
23b. ADDRESS: 676 Shoup Ave. W. Twin Falls
23c. DATE SIGNED: 3/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/20/1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE RECD BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald D. Hamilton
LICENSE NO.: E-470
FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAR 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1330
Local Reg. No. D 104
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 806 Main North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MOLLIE		HEYER	March 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	August 27, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Hill City, ~~Nebraska~~ KANSAS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Maier	Germany	unknown	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-18-6048 A	Russell Heyer	Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Carcinoma of Prostate Colony Cachexia Pulmonary Congestion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cancer Stomach, Gen
DUE TO (c) arteriosclerotic, Anemia Blindness

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3/15/, 1967, *to* 3/18/, 1967, *that I last saw the deceased alive on* 3/18/, 1967, *and that death occurred at* 6:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. Reynolds	146 M.D.	Twin Falls, Idaho	3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/21/67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3-22-67	Pamela J. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1331
Local Reg. No. D-105
Reg. Dist. No. 460

RECEIVED MAR 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
d. STREET ADDRESS (If rural, give location): R.R. #3

3. NAME OF DECEASED (Type or Print)
a. (First): SOPHIE
b. (Middle): 143
c. (Last): REINKE

4. DATE OF DEATH (Month) (Day) (Year): March 19, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 4, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Long Branch, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Detrich Kirchoff — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Marie Krumplemann — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-44-2408
17. INFORMANT'S OWN SIGNATURE: S. S. Reinke — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 20 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 3/19/, 1967, that I last saw the deceased alive on 3/18, 1967, and that death occurred at 7:10a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Werner H Kramer 293 M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/67
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemtery
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-22-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds — Paul D. Reynolds
LICENSE NO.: E-495

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAR 28 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1332
Local Reg. No. 0-112
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 5-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Twin Falls
d. STREET ADDRESS 2 miles South, 1½ miles East Junction US 74 and US 93

3. NAME OF DECEASED (Type or Print) a. (First) EUNIS b. (Middle) 143 c. (Last) STIGALL

4. DATE OF DEATH (Month) (Day) (Year) March 20, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 22, 1909
9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Osage, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Aaron Stigall BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mamie Belt BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) ----------
16. SOCIAL SECURITY NO. 518-20-7849
17. INFORMANT'S OWN SIGNATURE x Ida Stigall ADDRESS Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic coronary disease — 6 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-16, 1961, *to* 3-20-, 1967, *that I last saw the deceased alive on* 3-20-, 1967, *and that death occurred at* 1:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dean L. Brown MD 061
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 3-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 23, 1967
24c. NAME OF CEMETERY OR CREMATORY Sunset Mem. Park.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3-23-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER William J. Boyd
LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-62021

MAR 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1333
Local Reg. No. D-113
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 421 Twin Falls — MAR 28 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau): Twin Falls
c. LENGTH OF STAY: [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Mountain View Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle) E. 143; c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: April 2, 1887

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 79

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Vernon County Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Burgess Moore — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 520-03-0558

17. INFORMANT'S OWN SIGNATURE: X Nellie J. Fail — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute and chronic hemorrhagic necrotizing pancreatitis	Unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus Gen. Arteriosclerosis	10 yrs 10 yrs.

5270

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 18, 1958, *to* Mar 20, 1967, *that I last saw the deceased alive on* March 20, 1967, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard H. Cook M.D. 092

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-24-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-24-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Ronald J. Hamilton — LICENSE NO.: E-470

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1334
Local Reg. No. D-110
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley; Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 422 9th Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): F. 143
c. (Last): YEITER

4. DATE OF DEATH (Month) (Day) (Year): March 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 5, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Brand Inspector
10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho
11. BIRTHPLACE (State or foreign country): Sumner, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Yeiter 08
BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Abbie Story
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 068-22-0236
17. INFORMANT'S OWN SIGNATURE: Essie Yeiter 909 N. Alberta St. Portland, Ore.
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/1, 1966, *to* 20 Mar, 1967, *that I last saw the deceased alive on* 20 Mar, 1967, *and that death occurred at* 4:20 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William G. Doody MD 661
23b. ADDRESS: 120 9th Ave N Buhl
23c. DATE SIGNED: 3/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/22/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-23-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E-480

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1335
Local Reg. No. 0-121
Reg. Dist. No. 460

RECEIVED APR 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 104
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
LENGTH OF STAY (in this place): 4 Years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205
d. STREET ADDRESS (If rural, give location): % Harral Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) MAUD b. (Middle) S. c. (Last) RICHARDS

4. DATE OF DEATH: (Month) (Day) (Year): March 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 25, 1875

9. AGE (In years last birthday): 91 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alfred Driesbach
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lena Lee
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-30-2976

17. INFORMANT'S OWN SIGNATURE: Eugene White ADDRESS: Box 785 Kimberly Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): arteriosclerotic heart dis — years

DUE TO (c): Complicated arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 6, 1964, *to* March 22, 1967, *that I last saw the deceased alive on* March 21, 1967, *and that death occurred at* 1:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: 122 9th Ave N. Buhl
23c. DATE SIGNED: 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/24/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-29-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Robert T. Dickard
LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-6502a

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1336
Local Reg. No. D-114
Reg. Dist. No. 460

BIRTH NO. RECEIVED STATE OF IDAHO

MAR 28 1967

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 720 3rd Avenue West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 720 3rd Avenue West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Re Etta	Nellie	Zacharias	March 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	August 12, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jobe Howells — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Nellie P.Perry — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-07-8318
17. INFORMANT'S OWN SIGNATURE: Merle E Zacharias, ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial infarct. — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis — 10 Min
DUE TO (c) Rheumatic Heart Disease — many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 3/22/, 19 67, *that I last saw the deceased alive on* 3/21, 19 67 *and that death occurred at* 8:00 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Werner H Kamel 293	M.D.	Twin Falls, Idaho	3/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/27/67	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER James C. Reynolds	LICENSE NO.
3-24-67	Pamela J. Johnson	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1337
Local Reg. No. 2-111
Reg. Dist. No. 460

RECEIVED MAR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Nathaniel b. (Middle) 143 c. (Last) Boman

4. DATE OF DEATH: (Month) March (Day) 22, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: 2-8-1880

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 84

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Indiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Boman — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-46-2652-A

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Pierce — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lung damage — days
DUE TO (c) Fractured ribs — days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

8254

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 30 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Filer 420 Twin Falls Idaho

21d. TIME OF INJURY (Month) 3 (Day) 12 (Year) 1967 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: car accident

22. *I hereby certify that I attended the deceased from* Jan. 30, 1965, *to* March 22, 1967, *that I last saw the deceased alive on* March 24, 1967, *and that death occurred at* 12:15 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 122 9th Ave No. Buhl
23c. DATE SIGNED: 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3-24-1967
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 3-27-67
REGISTRAR'S SIGNATURE: Pamela Johnson
25. EMBALMER: Donald J. Hamilton — **LICENSE NO.**: E-470
FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1338
Local Reg. No. 0118
Reg. Dist. No. 460

RECEIVED MAR 28 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 535 2nd Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) Marian b. (Middle) 143 c. (Last) Turner

4. DATE OF DEATH (Month) (Day) (Year): March 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Feb. 6-1901

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Bookeeper&19

10b. KIND OF BUSINESS OR INDUSTRY: Business Mgr.

11. BIRTHPLACE (State or foreign country): Oldham, Lancashire, England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Turner — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Mary Jane Wolfenden — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-36-6882

17. INFORMANT'S OWN SIGNATURE: Emma J. Steffen — ADDRESS: Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ascending Cholangitis due to Clostridium Bacillus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Cholecystitis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* December, *19* 64, *to* March 22, *19* 67, *that I last saw the deceased alive on* March 22, *19* 67, *and that death occurred at* 1:20 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. Ellis Krug MD 286

23b. ADDRESS

23c. DATE SIGNED: 3-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3-25-67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Wayne Wilcox — LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1339
Local Reg. No. D-115
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAR 28 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place) 11days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 246 North Washington

3. NAME OF DECEASED (Type or Print) a. (First) FANNIE b. (Middle) BETHINA 144 c. (Last) DANIELS

4. DATE OF DEATH (Month) (Day) (Year) March 22, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH July 5, 1905

9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Beebe, Arkansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Albert Padgett BIRTHPLACE Arkansas

14. MOTHER'S MAIDEN NAME Lillie Lytle BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 430-26-7060

17. INFORMANT'S OWN SIGNATURE Clarence L. Daniels ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinomatosis — 2 yr.

DUE TO (c) Carcinoma of the Breast — 2 yr+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 2 yr+

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 Oct, 1967, *to* 22 March, 1967, *that I last saw the deceased alive on* 22 March, 1967, *and that death occurred at* 3:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE James H. Stafford (Degree or title) M.D. 23b. ADDRESS Twin Falls, Idaho 23c. DATE SIGNED 3/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Mar. 25, 1967 24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park 24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 3-24-67 REGISTRAR'S SIGNATURE Pamela J. Johnson 25. EMBALMER William J. Davis LICENSE NO. E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1340
Local Reg. No. K-116
Reg. Dist. No. 460

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 APR 3 1967 4-4
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls Bureau of Vital Statistics
c. LENGTH OF [illegible] 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1216 Filer Ave. East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Filer
d. STREET ADDRESS (If rural, give location) 410 Park Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) JOSEPH b. (Middle) c. (Last) KOVAR Sr.

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 married
8. DATE OF BIRTH April 10, 1893
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad Maint. 10
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Czechoslovakia
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fred Kovar BIRTHPLACE Czechoslovakia
14. MOTHER'S MAIDEN NAME Josephine Dusick BIRTHPLACE Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO. 701-14-1155
17. INFORMANT'S OWN SIGNATURE Mrs Joe Kovar ADDRESS Filer, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute myocardial infarction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Urinary retention with recent decompression of bladder per catheter

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* March 23, 1967, *and that death occurred at* 12:25p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Vaughn M. Bond (Degree or title) M.D. 422
23b. ADDRESS Twin Falls, Idaho 1216 Filer Ave. E.
23c. DATE SIGNED 3-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 3-27-67
24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State) Filer, Idaho

DATE REC'D BY LOCAL REG. 3-27-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Dale P. Patterson
LICENSE NO. E-451

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: TWIN FALLS MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 6 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

State File No. 1341
Local Reg. No. D-122
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 APR 7 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
Bureau of Vital Statistics
STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 363 Adams

3. NAME OF DECEASED (Type or Print) a. (First) ANATHA b. (Middle) MINNIE 000 c. (Last) MYERS

4. DATE OF DEATH (Month) (Day) (Year) March 24, 1967

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed
8. DATE OF BIRTH Aug. 7, 1921
9. AGE (In years last birthday) 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Milton V. Miller BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Nannie Ingram BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 22 8446
17. INFORMANT'S OWN SIGNATURE X Laura Jean Myers ADDRESS Twin Falls, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebothrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1967, *to* March 24, 1967, *that I last saw the deceased alive on* March 24, 1967, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 583 (Degree or title) MD Twin Falls County Coroner
23b. ADDRESS 120 Adams, Twin Falls
23c. DATE SIGNED 3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE March 28, 1967
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. 4-3-67
REGISTRAR'S SIGNATURE Vanella J. Johnson
25. EMBALMER W. L. Hove
LICENSE NO. E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1342
Local Reg. No. 119
Reg. Dist. No. 460

RECEIVED MAR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42/ 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
VITAL STATISTICS STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route#2

3. NAME OF DECEASED (Type or Print)
a. (First): SANDRA
b. (Middle): LEA 143
c. (Last): BESS

4. DATE OF DEATH: (Month) (Day) (Year): March 25, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: Feb. 14, 1947
9. AGE (In years last birthday): 20
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Telephone Co
10b. KIND OF BUSINESS OR INDUSTRY: Employee
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: J. A. Barrett
BIRTHPLACE: Pocatello, Idaho
14. MOTHER'S MAIDEN NAME: Lois C McNichols
BIRTHPLACE: Pocatello, Idah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 528-62-5939
17. INFORMANT'S OWN SIGNATURE: x Lois E. Hendricks
ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Phlebothrombosis site undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* Death 19__, *that I last saw the deceased alive on* 3-25, 1967, *and that death occurred at* .05A. *m., from the causes and on the date stated above.*

23a. SIGNATURE John C Ayers (Degree or title) M.D.
23b. ADDRESS: 655 Twin Falls, Idaho
23c. DATE SIGNED: 3.25.67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 3-27-67
REGISTRAR'S SIGNATURE: Pamela J Johnson
25. EMBALMER
LICENSE NO.: 343
FIRM NAME: White Mortuary Twin Falls, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1343
Local Reg. No. D-120
Reg. Dist. No. 460

Certificate of Death

RECEIVED
APR 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 8 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl;
d. STREET ADDRESS (If rural, give location): 400 14th Ave. N.

3. NAME OF DECEASED (Type or Print)
a. (First): ARNOLD
b. (Middle):
c. (Last): TANNLER

4. DATE OF DEATH (Month) (Day) (Year): March 26, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: Nov. 16, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-44-7508
17. INFORMANT'S OWN SIGNATURE: Lennora Tannler — ADDRESS: 400 14th N. Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized arteriosclerosis — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 10, 1962, *to* March 26, 1967, *that I last saw the deceased alive on* March 26, 1967, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C W Culling 118 MD
23b. ADDRESS: 122 9th Ave No Buhl
23c. DATE SIGNED: 3-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/29/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 3-29-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: APR 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1344
Local Reg. No. D 134
Reg. Dist. No. 460

RECEIVED
APR 1 81967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River about 3/4 mile East of Clear Lakes Bridge

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 817 11 th Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) 000 c. (Last) WILLARD

4. DATE OF DEATH: (Month) March (Day) 26, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Dec. 8, 1948

9. AGE (In years last birthday): 18 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Homer Willard — BIRTHPLACE: Ord, Nebraska

14. MOTHER'S MAIDEN NAME: Dorothy Siegel — BIRTHPLACE: St. Libory, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Homer Willard — ADDRESS: 817 11th N. Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Snake River

21c. (CITY, TOWN, OR TOWNSHIP) 420 (COUNTY) (STATE): Buhl Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Mar. 26, 1967 7:00 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Drowned while swimming in Snake River

22. *I hereby certify that I attended the deceased from* Investigation only, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Thad Schobinger Coroner

23b. ADDRESS: 120 Adams, Twin Falls, Ida.

23c. DATE SIGNED: 4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/8/67

24c. NAME OF CEMETERY OR CREMATORY: Buhl

24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 4-14-67

REGISTRAR'S SIGNATURE: Pamela Jo Johnson

25. EMBALMER: Robert F. Dickard

LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1345
Local Reg. No. 0-124
Reg. Dist. No. 460

RECEIVED APR 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Hazeldell Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 428 b. COUNTY Twin Falls
c. CITY OR TOWN Filer Rural
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print) a. (First) Charlotte b. (Middle) Rose c. (Last) Westendorf
4. DATE OF DEATH (Month) (Day) (Year) March 29, 1967
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH 1-8-1891
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Calumet, Michigan
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Otto Klug BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Anna Hoehner BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no
17. INFORMANT'S OWN SIGNATURE Henry C. Westendorf ADDRESS Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion — 4 hrs

DUE TO (c) arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Chronic uremia, nephro-sclerosis and anemia — 10 yrs.
Conditions contributing to the death but not related to the disease or condition causing death

4201

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1966, *to* 29 Mar, 1967, *that I last saw the deceased alive on* 28 March, 1967, *and that death occurred at* 1 m., *from the causes and on the date stated above.*

23a. SIGNATURE Werner H Kramer (Degree or title) 293 MD
23b. ADDRESS Twin Falls Ida
23c. DATE SIGNED 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-31-67
24c. NAME OF CEMETERY OR CREMATORY Clover Cemetery
24d. LOCATION (City, town, or county) Buhl (State) Idaho

DATE REC'D BY LOCAL REG. 4-6-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER
LICENSE NO. #-343
FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1346
Local Reg. No. D-129
Reg. Dist. No. 460

RECEIVED
APR 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: 421 Twin Falls 3-01 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls — LENGTH OF STAY (in this place): 1 Day — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: 428 Twin Falls — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl — d. STREET ADDRESS (If rural, give location): 940 Fair Street

3. NAME OF DECEASED (Type or Print) — a. (First): FRANK — b. (Middle): LEONARD 143 — c. (Last): ATKINS

4. DATE OF DEATH (Month) (Day) (Year): March 30, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 9, 1885

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Genoa, Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Craig Atkins — BIRTHPLACE: Kentucky

14. MOTHER'S MAIDEN NAME: Mary Naomi Miller — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-34-2974

17. INFORMANT'S OWN SIGNATURE: Mrs. F. Atkins — ADDRESS: 23 S. Broadway Buhl, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarction	24 hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	5 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus - mild	1 yr

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 June, 1965, *to* 30 March, 1967, *that I last saw the deceased alive on* 30 March, 1967, *and that death occurred at* 9:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 603 James L. Sheppard MD — 23b. ADDRESS: Twin Falls Idaho — 23c. DATE SIGNED: 4/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 4/3/67 — 24c. NAME OF CEMETERY OR CREMATORY: Buhl — 24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67 — REGISTRAR'S SIGNATURE: Pamela J. Johnson — 25. EMBALMER: Robert F. Dickard — LICENSE NO.: E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAR 1 3 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1347
Local Reg. No. 4
Reg. Dist. No. 3/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 4-02
b. CITY OR TOWN: Cascade
c. LENGTH OF STAY (in this place): 2 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: Valley County Hospital 152

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 430 Valley
c. CITY OR TOWN: Cascade
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWIN	HALE	PATTERSON	March 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 28, 1900	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper 19	Cascade Auto Co.	Durham, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin Oliver Patterson	Liberty N.C.	Lorena Kirkland Holloway	Orange Co., N.C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-24-9005	Bertha L. Patterson	Cascade, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

465X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) PULMONARY EMBOLISM — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. PULMONARY EMPHYSEMA — 12 YRS

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		CASCADE VALLEY IDA,

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAR, 1967, *to* MAR, 1967, *that I last saw the deceased alive on* MAR 3, 1967, *and that death occurred at* 3A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Moss MD	CASCADE	3/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	March 6, '67	Margaret Cemetery	Cascade, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 8-1967	Myrtle M. Gardner	Burton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1348
Local Reg. No. 3
Reg. Dist. No. 3/8

BIRTH NO. RE

MAR 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 258 COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) JOHN c. (Last) POXLEITNER

4. DATE OF DEATH (Month) (Day) (Year): March 5, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 12, 1892

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 21

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Co.

11. BIRTHPLACE (State or foreign country): Oskosh, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ludwig Poxleitner — BIRTHPLACE: Bavaria

14. MOTHER'S MAIDEN NAME: Cresenthia Mayer — BIRTHPLACE: Bavaria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-03-2006

17. INFORMANT'S OWN SIGNATURE: Magdalen Poxleitner — ADDRESS: Riggins, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c): arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3/1/67 *19* to 3/5/67, *19*, *that I last saw the deceased alive on* 3/5/67, *19*, *and that death occurred at* 10:15 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 391 Verald S. Mokes M.D.

23b. ADDRESS: McCall, Idaho

23c. DATE SIGNED: 3/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: March 8, '67

24c. NAME OF CEMETERY OR CREMATORY: Prairie View

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: March-16-1967

REGISTRAR'S SIGNATURE: Mayette M. Gardner

25. EMBALMER: Burton E Walker

LICENSE NO.: E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 17 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1349
Local Reg. No. 6
Reg. Dist. No. 3/0

BIRTH NO. RI

1. PLACE OF DEATH
a. COUNTY: Valley 430 MAR 23 1967 1-50
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall — Bureau of Statistics
c. LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 010

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley 430
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HAROLD		VASSAR	March 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 13, 1900	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dispatcher 08	U.S. Forest Service	Caldwell, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Vassar	Kansas	Nellie Easley	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-01-8418	X G.K. Westby	Rt 1. Boise Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-14, 1967, *to* 3-14-, 1967, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Allen MD 0004	McCall Idaho	3-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/17/67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 22 1967	Myrtle M. Gardner	Burton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1967

MAY 16 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 10 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1350
Local Reg. No. 1
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Valley 430 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall | LENGTH OF STAY (in this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): McCall Memorial Hospital 209

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Valley 430
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCall
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ETTA		SMITH	March 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	January 7, 1874	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Dallas County, Arkansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Solomon Leonard	No. Carolina	Minerva Goza	Dallas County, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Clifford L Anderson	McCall, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 14days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 15 yrs +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec, 1959, *to* Mar 30, 1967, *that I last saw the deceased alive on* Mar 29, 1967, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H Stuart MD 500	McCall Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 3, 1967	Sardis Meth. Church Cem.	Dallas County, Arkansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 5 1967	Myrtle M. Gardner	Burton E Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1351
Local Reg. No. 23
Reg. Dist. No. 320

RECEIVED APR 19 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington 441
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WINNIE	BELL	AYRES		2	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	3 Married	March 3, 1879	87	11	15		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Stephenville, Texas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. McNeill	---	Scytha V. Bell	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Lola Frost Lola Frost	Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Hrt Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-12-66, 19___, *to* 1-17-67, 19___, *that I last saw the deceased alive on* 1-17-67, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Weiser, Idaho	2/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	2/21/1967	Cove Cemetery	Cove Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
2/18/67	K. Dale Thomason	K. Dale Thomason	E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 2 0 1967 Bureau of Vital Statistics

State File No. 1352
Local Reg. No. 15
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Weiser
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): On Highway 30 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: 555 Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser - Oregon Slope
d. STREET ADDRESS (If rural, give location): Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) ELMER; b. (Middle) D; c. (Last) BYERLY

4. DATE OF DEATH: (Month) 3 (Day) 9 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	11/24/1945	21				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
U.S. Army 05	Government	Morton, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Byerly	Arkansas	Audrey Thrall	Pollock, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Viet Nam 8254		Audrey A. Boyd	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was in auto accident,

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) thrown from automobile and his skull crushed.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Highway 30 06	Weiser Washington Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
3-9-67 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	subject thrown from auto

22. *I hereby certify that I attended the deceased from* Coroner's investigation, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* approx 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Dan Thomason 583	Coroner 4	Weiser, Idaho	3/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/14/1967	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/9/67	R. Dan Thomason	Marshall S. Dickerson	E-464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 5 1967

APR 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1353
Local Reg. No. 16
Reg. Dist. No. 320

RECEIVED MAR 2 0 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 441 Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bureau of Land Mgt. Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Weiser Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon 38
b. COUNTY 333 Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Rt. 3, Oregon Slope

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) 000 c. (Last) BOYD

4. DATE OF DEATH (Month) 3 (Day) 9 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3 3
8. DATE OF BIRTH 11/17/1933
9. AGE (In years last birthday) 33 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Monta Vista, Colorado
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME William Earl Boyd BIRTHPLACE Nebraska
14. MOTHER'S MAIDEN NAME Virgie J. Mullins BIRTHPLACE Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) Korean 7
16. SOCIAL SECURITY NO. 518-40-4212
17. INFORMANT'S OWN SIGNATURE X Dawn S. Boyd ADDRESS Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject was in auto accident,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) thrown from automobile and skull crushed.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 30 06
21c. (CITY, TOWN, OR TOWNSHIP) 441 (COUNTY) (STATE) Weiser, Washington, Idaho
21d. TIME OF INJURY (Month) 3 (Day) 3-9-67 (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Subject thrown from auto.

22. *I hereby certify that I attended the deceased from* Coroner's 19 investigation 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE K. Dee Thomson 583 (Degree or title) Coroner 4
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 3/9/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/14/1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 3/9/1967
REGISTRAR'S SIGNATURE K. Dee Thomson
25. EMBALMER Marshall S. Dickerson Jr. LICENSE NO. E 464
FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 6 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1354
Local Reg. No. 17
Reg. Dist. No. 320

RECEIVED MAR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington 441
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1051 E. 3rd

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MARGARET	MAE 153	HYDE	3	13	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	12/10/1884	82	3	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife D1	Own Home	Cisne, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Rutger	----	Isabelle Campbell	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			[signature]	Weiser, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4281 Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-20-, 1967, *to* 3-13-, 1967, *that I last saw the deceased alive on* 3-13-, 1967, *and that death occurred at* 8:45 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
344 M.D. McGeachin M.D.	Weiser, Idaho	3/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	3/16/67	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
3/13/67	K. Dale Thomson	K. Dale Thomson	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1355
Local Reg. No. 18
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED MAR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington 441 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington 441
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): Washington Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): T.
c. (Last): EDLIN

4. DATE OF DEATH (Month) 3 (Day) 14 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 27, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 7, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Waynsville, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: James Wilson — BIRTHPLACE: ---
14. MOTHER'S MAIDEN NAME: Sarah — BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Geo E Lockwood — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Hrt Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-20-66, 19__, *to* 3-14-67, 19__, *that I last saw the deceased alive on* 3-14-67, 19__, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 6661
23b. ADDRESS: Weiser, Idaho
23c. DATE SIGNED: 3/14/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 3/17/1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 3/14/1967
REGISTRAR'S SIGNATURE: R. Dale Thomason
25. EMBALMER: Marshall S. Dickerson
LICENSE NO.: E-464

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 9 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1356
Local Reg. No. 328
Reg. Dist. No. 320

RECEIVED
APR 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington 440 000
b. CITY OR TOWN Cambridge
c. LENGTH OF STAY (In this Place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Payette 380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 605 N. 11th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruth	Pate	Clement	3	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	married 3	2/8/1895	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Mountain Home, Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ernest Pate — BIRTHPLACE: ---
14. MOTHER'S MAIDEN NAME: --- — BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-1577
17. INFORMANT'S OWN SIGNATURE + Loco Jones ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7954

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject had been under a Doctors care intermittently but died at a daughters

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) home. To the best of my knowledge and belief, subject died of natural causes.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 6-5 ---
19b. MAJOR FINDINGS OF OPERATION ---
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ---
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) ---
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) ---
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ---
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? ---

22. *I hereby certify that I attended the deceased from* Coroner investigation *to* ---, 19---, *that I last saw the deceased alive on* ---, 19---, *and that death occurred at* --- m., *from the causes and on the date stated above.*

23a. SIGNATURE L. Dee Thomason 583
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 3/18/67

Co. Wash. (Degree or title) Coroner 4

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 3/22/1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 3-22-67
REGISTRAR'S SIGNATURE: L. Dee Thomason
25. EMBALMER: Marshall S. Dickenson
LICENSE NO.: E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1357
Local Reg. No. 19
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
APR 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Washington 441 000
b. CITY OR TOWN Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 447 Washington
c. CITY OR TOWN Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Harry b. (Middle) K. 153 c. (Last) Billups

4. DATE OF DEATH (Month) 3 (Day) 19 (Year) 1967

5. SEX male

6. COLOR OR RACE caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH 12/12/1897

9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) rancher 04

10b. KIND OF BUSINESS OR INDUSTRY ranch

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Billups BIRTHPLACE ----

14. MOTHER'S MAIDEN NAME Amanda Lulu Bugh BIRTHPLACE ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Harry Billups ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-19- *, 19*67*, to* 3-19- *, 19*67*, that I last saw the deceased alive on* 3-19- *, 19*67*, and that death occurred at* 1:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 344

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 3/19/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 3/22/67

24c. NAME OF CEMETERY OR CREMATORY Hillcrest

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 3/19/1967

REGISTRAR'S SIGNATURE R. Rae Thomson

25. EMBALMER Marshall S. Dickerson LICENSE NO. E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 7 1969

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1358
Local Reg. No. 21
Reg. Dist. No. 320

BIRTH NO.

APR 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 441 Washington 1-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
STATE STAY (in this place) 6yr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 441 Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 138 W. Court

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Sam	Elwood	Lankford	3-26-1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	3 Married	5-14-1915	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher 12	College Instructor	Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ervin Lankford	Kentucky	Ethel Moore	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	544-10-1319	× Hazel Lankford	Weiser Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7954

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subject had been under a Doctor's care intermittently and died while entering

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) his automobile at a service station in Weiser. To the best of my knowledge &

DUE TO (c) belief, subject died of natural causes.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
---	---	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
---	---	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
--- m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	---

22. *I hereby certify that I attended the deceased from* Coroner's investigation, *19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 9:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Dale Thomason 583 Wash. Co. Coroner	Weiser, Idaho	3/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	3-29-1967	Nyssa	Nyssa Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
3-29-67	R. Dale Thomason	Marshall J. Dickerson #464	Weiser

Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-48021

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 11 1976

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Certificate of Death

STATE OF IDAHO

State File No. 1359
Local Reg. No. 205
Reg. Dist. No. 370

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 447 Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 230 E. Park

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	RCLANDO		ESTRADA		3	22	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	B	March 1, 1967			21		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---- 0002
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Eagle Pass, Texas
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME BIRTHPLACE: Raymondo Estrada, Eagle Pass Texas
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Guadualupe Garza Eagle Pass, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ----
17. INFORMANT'S OWN SIGNATURE Raymondo Estrada ADDRESS Weiser, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 340.2 Meningitis, coliform — INTERVAL BETWEEN ONSET AND DEATH: 2 days.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cleft Palate and lip — Birthm

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 3/20, 1967, *to* 3/22, 1967, *that I last saw the deceased alive on* 3/24, 1967, *and that death occurred at* 2:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) A. C. Myers III MD 382
23b. ADDRESS 200 E Bannock St
23c. DATE SIGNED 4/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE March 24/67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 4-19-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER R. Dave Thomason
LICENSE NO. E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1360
Local Reg. No. 241
Reg. Dist. No. 370

RECEIVED MAY 12 1967 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Charlila Motel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): Charlila Motel

3. NAME OF DECEASED (Type or Print): a. (First) Paul b. (Middle) E. c. (Last) Johnson

4. DATE OF DEATH: (Month) March (Day) 25, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Nov. 10, 1929
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Ada County Creamery
11. BIRTHPLACE (State or foreign country): Meadow Grove, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas B. Johnson — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Dora Schumake — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW2
16. SOCIAL SECURITY NO.: 543-32-1080
17. INFORMANT'S OWN SIGNATURE: Dora Johnson — ADDRESS: Parma Idaho [redacted]

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by Smoke fumes. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: A Smoldering fire in bed from smoking, fire blazed up, burned. — 30 Mins
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 530A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner 4
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 3-25-67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Ontario, Oregon

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jeppesen
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1967

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1361
Local Reg. No. 237
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 1-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 17yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #3

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle): Henry
c. (Last): Beacham

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 30, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months 5, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Champaign, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jack Beacham — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Julie Stewart — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-22-5401
17. INFORMANT'S OWN SIGNATURE: Clyde E Beacham — ADDRESS: Boise Gowen Field Rd.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bladder — INTERVAL BETWEEN ONSET AND DEATH: 10 Mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-14-66
19b. MAJOR FINDINGS OF OPERATION: Tumor of Bladder
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 13 June, 1966 *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 6:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 395 (Degree or title): M.D
23b. ADDRESS: 403 Idaho Boise, Idaho
23c. DATE SIGNED: April 10, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 5-1-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-461
FIRM NAME: Pelgea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1362
Local Reg. No. 182
Reg. Dist. No. 370

Certificate of Death

RECEIVED
APR 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1319 N. 14th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Johnson
c. (Last): Sarvis

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Jan. 9, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 21
10b. KIND OF BUSINESS OR INDUSTRY: Hiway Construction
11. BIRTHPLACE (State or foreign country): Big Spring, Neb.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Eugene L. Sarvis — BIRTHPLACE: Dwight, Illinois
14. MOTHER'S MAIDEN NAME: Geneva S. Harrison — BIRTHPLACE: Ottowa, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 557-26-4321
17. INFORMANT'S OWN SIGNATURE: * Max R Sarvis — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-2, 1967, *to* 4-2, 1967, *that I last saw the deceased alive on* 4-2, 1967, *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE: D. B. Patterson 412 (Degree or title) Md.
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/8/69
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Paul Waggoner
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1363
Local Reg. No. 186
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO. RECEIVED

1. PLACE OF DEATH
a. COUNTY Ada 011 APR 12 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Bureau
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1714 N. 30th St.

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) H. c. (Last) Anderson
4. DATE OF DEATH (Month) (Day) (Year) April 2, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 3, 1876
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months 11 Days 29 IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Fairbanks, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Jonathon Harney Anderson BIRTHPLACE Xenia, Ohio
14. MOTHER'S MAIDEN NAME Adeline Cameron BIRTHPLACE Indiana
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-26-7698
17. INFORMANT'S OWN SIGNATURE x Mabel Anderson ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 Wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis 2 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Retroperitoneal Abscess 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1959, to Apr, 1967, that I last saw the deceased alive on Apr 1, 1967, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) George R Baker, MD 019
23b. ADDRESS 121 E. Idaho Boise
23c. DATE SIGNED 4-10-67
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/6/67
24c. NAME OF CEMETERY OR CREMATORY Terrace Lawn Cem.
24d. LOCATION (City, town, or county) (State) Boise, Idaho
DATE REC'D BY LOCAL REG. 4-11-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John L. Wilkerson
LICENSE NO. E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 1 0 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1364
Local Reg. No. 52
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 4502 Bethel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pearl	R	SCHWARTZ	4	3	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	11-8-95	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Carpenter.	Same	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Schwartz 21	Ohio.	Rebecca Hartley.	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	519 01 7644		VA HOSPITAL RECORDS, BOISE, IDAHO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Retroperitoneal hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Abdominal aortic aneurysm with rupture — Unk.

DUE TO (c) Arteriosclerosis — Unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
VA m.		

22. I attended the deceased from 4-3- , 19 67, to 4-3- , 19 67, that I last saw the deceased and that death occurred at 9:35PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. W. NOLAN, M.D. 597	VA Center, Boise, Idaho.	4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-8-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 30 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1365
Local Reg. No. 209
Reg. Dist. No. 370

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 863 E. Liberty

3. NAME OF DECEASED (Type or Print)
a. (First): GEORGE
b. (Middle): HOWARD 003
c. (Last): STOVER

4. DATE OF DEATH (Month) (Day) (Year): April 3 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 married
8. DATE OF BIRTH: April 15, 1905
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 11, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheepman 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Joseph M. Stover — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Clara H. — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn Stover — ADDRESS: Weiser

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Thrombosis left internal Carotid artery — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Plague in Carotid artery
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 25, 1967, *to* April 5, 1967, *that I last saw the deceased alive on* April 3, 1967 *and that death occurred at* 6 Pm *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 704 M.D.
23b. ADDRESS: 401 Idaho St
23c. DATE SIGNED: 4-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/5/1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Weiser — (State): Idaho

DATE REC'D BY LOCAL REG.: 4-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: R. Dale Thomason — LICENSE NO.: E 388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county~~ where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1366
Local Reg. No. 192
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 13 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 518 State Street

3. NAME OF DECEASED (Type or Print)
a. (First): DAISY
b. (Middle): ~~Mc~~ 332
c. (Last): McALLISTER

4. DATE OF DEATH: (Month) April (Day) 3, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 1, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Dow City, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Charles Bybee — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Addie Rudd — BIRTHPLACE: Ute, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 524-42-5608
17. INFORMANT'S OWN SIGNATURE: Edna Mae Putnam — ADDRESS: 124 Aven St. Ida. Caldwell,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 3347 Cerebro-Vascular Hemorrhage acute — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebro Vascular Hemorrhage old Res. — 1 yr.
DUE TO (c): Arteriosclerosis Gen. —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Fracture Rt Hip Res. of — 1 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-29, 1967, *to* 4-3, 1967, *that I last saw the deceased alive on* 3-28, 1967, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Knutson MD (Degree or title)
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray — LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1367
Local Reg. No. 183
Reg. Dist. No. 370

Certificate of Death

RECEIVED
APR 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 909 Reserve St.

3. NAME OF DECEASED (Type or Print)
a. (First): Annie
b. (Middle): Ellen 293
c. (Last): Lind

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 27, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Linn Creek, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: William Charles Roberts
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Stella Myrtle Burkhardt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE — ADDRESS: E. Munsie Martin

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* — INTERVAL BETWEEN ONSET AND DEATH

1967 Endo chondrosarcoma of femur

ANTECEDENT CAUSES — DUE TO (b) general metastasis — 15 yr.

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1966
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, *to* April 3, 1967 *that I last saw the deceased alive on* April 4, 1967, *and that death occurred at* 9:30 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): N. M. Chalouphe 088
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 3/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosedale Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 4-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E-435
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1368
Local Reg. No. 187
Reg. Dist. No. 370

BIRTH NO. RECEIVED STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01 APR 12 1967 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): Bureau of Vital Statistics

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho b. COUNTY: 01 Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 4000 Federal Way

3. NAME OF DECEASED (Type or Print): a. (First) Delia b. (Middle) Ann 003 c. (Last) Gilbert

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married

8. DATE OF BIRTH: April 30, 1908

9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Ordway, Colorado

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rube M. Squier — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-07-9476

17. INFORMANT'S OWN SIGNATURE: X Walter O. Gilbert — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Unconsciousness - etiology unknown - 2 days

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1950, *to* 5 Apr, 1967, *that I last saw the deceased alive on* 5 Apr, 1967, *and that death occurred at* 6 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. C. Saunders 510

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 7 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/8/67

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cem.

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-11-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1369
Local Reg. No. 188
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Mildred 003 c. (Last) Nagel

4. DATE OF DEATH: (Month) April (Day) 5, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Feb. 24, 1898
9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00
10b. KIND OF BUSINESS OR INDUSTRY: ---------
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Henry Nagel BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise A. Unverzacht BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-2105
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Progressive
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3317

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-13, 1964, *to* 4-5, 1967, *that I last saw the deceased alive on* 4-5-1967, *and that death occurred at* 9:11 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 318 MD
23b. ADDRESS: 401 N. Orchard Boise Idaho
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/7/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-11-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkason
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1370
Local Reg. No. 206
Reg. Dist. No. 370

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

APR 24 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1164 Gem Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): NORA
b. (Middle): MAE 003
c. (Last): CANFIELD

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 22, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Denny — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Stella Parrott — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 518-38-2036
17. INFORMANT'S OWN SIGNATURE: Twin Falls — ADDRESS: Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Emboli

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Subarachnoid hemorrhage

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* April 2, 1967 *to* April 6, 19__, *that I last saw the deceased alive on* April 6, 1967, *and that death occurred at* 12:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 704 [signature] MD
23b. ADDRESS: 401 Idaho St
23c. DATE SIGNED: 4-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4-11-1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-410

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1371
Local Reg. No. 189
Reg. Dist. No. 370

RECEIVED
APR 1 1 1967
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01 — 3-05

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 5 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — b. COUNTY: Ada 01

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1211 Brady St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	003	Foster Bryer	April 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	3 Married	April 20, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanical Engineer 21	Construction	Logansport, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Robert Bryer	Logansport, Indiana	Arvilla Knight	Bunker Hill, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	528-07-8468-A	L. Ward Relfe	Boise

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fx Femur

DUE TO (c) Auto Accident

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Marked Arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	Street 04	Boise 011 Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4-1-67 - 8:50 p m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Auto accident

22. *I hereby certify that I attended the deceased from* 4-1, 1967, *to* 4-6, 1967, *that I last saw the deceased alive on* 4-6, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Stewart Merrill MD	Boise Ida	4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 8, 1967	Terrace Lawn Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-11-67	Myrtle Palmer	Frank A. Lewis	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1372
Local Reg. No. 185
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1127 Warm Springs Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1127 Warm Springs Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Louise 000 c. (Last) Parsons

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 19, 1874
9. AGE (In years last birthday): 92 IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: C. W. Moore BIRTHPLACE: Toronto, Canada
14. MOTHER'S MAIDEN NAME: Mary Catherine Minear BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.
16. SOCIAL SECURITY NO.: 518-54-2021
17. INFORMANT'S OWN SIGNATURE: Lawrence Bell ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4204

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 6 da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease

AND DUE TO (c) Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: NONE
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 25-67 *to* April 7, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Coppard MD (Degree or title): 094
23b. ADDRESS: 311-Idaho St
23c. DATE SIGNED: April 10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-10-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson Eldon T. Pearson
LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 1 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1373
Local Reg. No. 199
Reg. Dist. No. 370

BIRTH NO. 3-14

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY, OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1200 Leadville

3. NAME OF DECEASED (Type or Print): a. (First) Lyle b. (Middle) Charles c. (Last) McDermott

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 16, 1898

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Montpelier, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter James McDermott
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Sarah Irene Burke
BIRTHPLACE: "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 4201

17. INFORMANT'S OWN SIGNATURE: Lyle C McDermott, Jr.
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 13 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Heart disease — several yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 18, 1954, *to* April 8, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 7:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Paul F. Miner MD
23b. ADDRESS: 105 N 8th St. Boise, Idaho
23c. DATE SIGNED: 4/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Frank Kelyea
LICENSE NO.: E-460
FIRM NAME: KELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

APR 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 12 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 22 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 1 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1374
Local Reg. No. 217
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Center 332

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Arlie — b. (Middle) — c. (Last) Hixon

4. DATE OF DEATH: (Month) (Day) (Year): April 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	May 20, 1885	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired 04		Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Hixon	Nebraska	Orpha Dixson	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-16-5039	Herman D. Hixon	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriol Cardio Vascular's
DUE TO (c) and Emphysema — yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 6 1967, *to* April 8, 1967, *that I last saw the deceased alive on* April 6-7, 1967, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Brown MD 065	Meridian Idaho	4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-11-67	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-26-67	Myrtle Palmer	Les Snead	E-366

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

JAN 31 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED APR 27 1967 Bureau of STATE OF IDAHO

State File No. 1375
Local Reg. No. 218
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001 — 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette 380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 503 S 11th

3. NAME OF DECEASED (Type or Print): a. (First) Theodore — b. (Middle) Eugene — c. (Last) Hall

4. DATE OF DEATH: (Month) April (Day) 9 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 4/12/37

9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Dept 08

10b. KIND OF BUSINESS OR INDUSTRY: City of Payette

11. BIRTHPLACE (State or foreign country): Colsprings Mo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: R. H. Hall — BIRTHPLACE: Arkansas

14. MOTHER'S MAIDEN NAME: Clarra Keller — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.

16. SOCIAL SECURITY NO.: 518-42-2257

17. INFORMANT'S OWN SIGNATURE: Sharon Hall — ADDRESS: 503 S 11th Payette, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Contusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Fall from horse
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Cerebral Contusion

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Payette, Idaho 380

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-2-67 4:30p m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [XX]

21f. HOW DID INJURY OCCUR?: Fall from horse

22. *I hereby certify that I attended the deceased from* April 3, 1967 *to* April 9, 1967, *that I last saw the deceased alive on* April 9, 1967 *and that death occurred at* 10:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: 401 Idaho St

23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/12/67

24c. NAME OF CEMETERY OR CREMATORY: Riverside

24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 4-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature] — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1376
Local Reg. No. 248
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO

MAY 16 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 001

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise (Bureau of Vital Statistics)

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital (DoA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Nevada 29 b. COUNTY: 55 Lander

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Velmy

d. STREET ADDRESS (If rural, give location): No address

3. NAME OF DECEASED (Type or Print)

a. (First): Lillie b. (Middle): 000 c. (Last): Morse

4. DATE OF DEATH (Month) (Day) (Year): Apr. 10, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Apr. 10, 1914

9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Home maker 01

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Lamoille, Nevada

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Lewis Bellinger BIRTHPLACE: **

14. MOTHER'S MAIDEN NAME: Jane Hankins BIRTHPLACE: **

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S SIGNATURE: Tom Morse ADDRESS: Elkо, Nevada

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer Condition — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Cqrdiac Condition. attack. — Mins;

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See, 19__, to Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1145P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Coroner 583

23b. ADDRESS: 3720 Meadow Drive, Boise.

23c. DATE SIGNED: 4-26-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/12/67

24c. NAME OF CEMETERY OR CREMATORY: Elko City Cem.

24d. LOCATION (City, town, or county) (State): Elko, Elko, Nevada

DATE REC'D BY LOCAL REG.: 5-15-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER:

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 20 19

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1377
Local Reg. No. 200
Reg. Dist. No. 370

RECEIVED APR 18 1967 Bureau of V...

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 Bureau of V... 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1659 Reinhart Dr.

3. NAME OF DECEASED (Type or Print)
a. (First): Marion
b. (Middle): L.
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Lynn Mass.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Jones — BIRTHPLACE: "No Record
14. MOTHER'S MAIDEN NAME: Abbie Gardnier — BIRTHPLACE: " No Record "

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-36-0525-B
17. INFORMANT'S OWN SIGNATURE: Varwood G. Palmer — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral arterial insufficiency — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis — several yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Coronary heart disease — several yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-25, 1967, *to* 4-10, 1967, *that I last saw the deceased alive on* 4-7, 1967, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Paul F. Miner MD 364 (Degree or title)
23b. ADDRESS: 105 N. 8th St. Boise Idaho
23c. DATE SIGNED: 4/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 13, 67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county): Boise — (State): Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1378
Local Reg. No. 52
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 1 81967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Boise, Idaho.
c. LENGTH OF STAY (In this place): 11 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 080
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Placerville.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Orin	J	OAS.	4	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	4-6-09	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Freelance Writer. 21	Same	Wisc.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Oas	Wisc.	Elizabeth Eggens.	Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	552 12 4385	John D Stark	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. ~~I hereby certify that~~ I attended the deceased from 3-31-67, 19___, to 4-11, 19 67, ~~that I last saw the deceased~~ ~~alive on~~ ~~19~~ and that death occurred at 12:15 AM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis M.D. 597 ROBERT C LEWIS, M.D.	VA Center, Boise, Idaho,	4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-13-67	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-13-67	Myrtle Palmer	Eldon T. Pearson Eldon T. Pearson	E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1379
Local Reg. No. 198
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 4-12
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 11½ hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route 3, Victory Road

3. NAME OF DECEASED (Type or Print)
a. (First): JANICE
b. (Middle):
c. (Last): JOHNSON

4. DATE OF DEATH: (Month) April (Day) 11, (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Sept. 25, 1964

9. AGE (In years last birthday): 2
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Donald L. Johnson
BIRTHPLACE: Moyie Springs, Ida

14. MOTHER'S MAIDEN NAME: June L. Breshears
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: ---

17. INFORMANT'S OWN SIGNATURE: June L. Johnson
ADDRESS: Route 3 Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): none
DUE TO (c): none

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: none

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: none

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Birth, 19—, *to* April 11, 1967, *that I last saw the deceased alive on* April 11, 1967, *and that death occurred at* 10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. B. Myers 382
23b. ADDRESS: 200 E Shamrock Boise
23c. DATE SIGNED: 4/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: 4-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: A. Dale McMurtrey
LICENSE NO.: E-410
FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 20 1967 Bureau of

Certificate of Death

STATE OF IDAHO

State File No. 1380
Local Reg. No. 201
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 04 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 211 Louisa Drive

3. NAME OF DECEASED (Type or Print): a. (First) GERALD; b. (Middle) CLYDE; c. (Last) PEARCE

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: March 26, 1916

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): salesman 34

10b. KIND OF BUSINESS OR INDUSTRY: auto; cafe operator

11. BIRTHPLACE (State or foreign country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Pearce — BIRTHPLACE: Kansas City, Mo.

14. MOTHER'S MAIDEN NAME: Eva Ritter — BIRTHPLACE: Independence, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W. W. Two A

16. SOCIAL SECURITY NO.: 510 03 6968

17. INFORMANT'S OWN SIGNATURE: Irene R Pearce — ADDRESS: 211 Louisa Drive, Boise, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Coronary athersclerosis — 2 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* fall, 1967 *to* 12 Apr, 1967, *that I last saw the deceased alive on* 12 Apr, 1967, *and that death occurred at* 7:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Blackburn — (Degree or title): MD — **23b. ADDRESS**: 1320 Vista Boise Ida — **23c. DATE SIGNED**: 14 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: Apr. 15, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Morris Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: Orville M. Summers — **LICENSE NO.**: E-509

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1381
Local Reg. No. 214
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

APR 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1721 E. Linden

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): F.
c. (Last): Mac Laren

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 9, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Longdale, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjiman L. MacLaren — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary C. Kreveling — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Dara M. MacLaren — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9000

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Contusion + Concussion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Skull fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 4-13-67
19b. MAJOR FINDINGS OF OPERATION: Intracerebral hematoma
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Caldwell 141

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Fell down steps

22. *I hereby certify that I attended the deceased from* 4-13-67, 1967, *to* 4-13, 1967, *that I last saw the deceased alive on* 4-13, 1967, *and that death occurred at* 12 [illegible] *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Al H Kuykendall 704
23b. ADDRESS: 401 Idaho State
23c. DATE SIGNED: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery
24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: 4-24-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Rodney W. Dotor
LICENSE NO.: E 508

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 28 1967

MAY 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1382
Local Reg. No. 226
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — MAY 1 1967 — 000
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Health Care Clinic 333

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3102 Virginia

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fred	Alvin	Lowman	April	14,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Nov. 11, 1918	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Kitchen Superintednet	Food	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Nathaniel Winfield Lowman	Iowa	Obie Brown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II Korean	531-12-3111	Julia Lowman	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had been released from Hospital that Morning, where he checkup for severe chest pains. — 2 Days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 315P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
E. DeLaris 583 (Degree or title) Coroner	3720 Meadow Drive, Boise,	4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 18, 1967	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-1-67	Myrtle Palmer	Edward Heard	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 12 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 26 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

AUG 21 1967

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JAN 25 1968

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

AUG 31 1973

(d) Alter a certificate on file in the office of a local registrar.

NOV 19 2009

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1383
Local Reg. No. 210
Reg. Dist. No. 370

BIRTH NO.

RECEIVED

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 01 — APR 24 1967 — 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): Bureau of Vital Statistics

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE: Idaho — b. COUNTY: 010 Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian

d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)

a. (First): Hattie — b. (Middle): 235 — c. (Last): Trogdon

4. DATE OF DEATH: (Month) April (Day) 14, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: March 20, 1893

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Gordon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Bylster — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Hawk — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 506-22-8791

17. INFORMANT'S OWN SIGNATURE: Vernon Trogdon — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1538 Metastatic Ca Colon to Pelvis & Brain — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* April, 1967, *that I last saw the deceased alive on* 4-11, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roger R Baker MD (Degree or title)

23b. ADDRESS: 171 E. Idaho Boise

23c. DATE SIGNED: 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/18/67

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-21-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.. .....

State File No. 1384
Local Reg. No. 202
Reg. Dist. No. 370

RECEIVED APR 20 1967 Bureau

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6408 Diamond Street

3. NAME OF DECEASED (Type or Print)
a. (First): DONNA
b. (Middle): MAY 000
c. (Last): MEDFORD

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 29, 1939
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): LaMar, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Glenn W. Hall, Lamar, Nebraska
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Irene Schnacke Indian Hill, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-38-2187
17. INFORMANT'S OWN SIGNATURE ADDRESS: Bill J Medford 6408 Diamond Boise, Idaho

18. CAUSE OF DEATH 8224
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken Neck, Chest Injuries. — INTERVAL BETWEEN ONSET AND DEATH: 30 Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): B 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 15 67 715P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Lost Control of her Auto, rolled Over, thrown out.

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 745P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E D Paris 583 (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 4-20-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-19-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D Demaray
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1385
Local Reg. No. 207
Reg. Dist. No. 370

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 31 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 404 North 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): DORA
b. (Middle): MAE 003
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never-married 1
8. DATE OF BIRTH: May 13, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Elementary Education
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: Luke Williams, Cornwall, England
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Alma Trembath, Cornwall, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: 518-46-2173
17. INFORMANT'S OWN SIGNATURE: Mildred Williams — ADDRESS: 404 N. 21st Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CARCINOMA OF BREAST — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-23-67, *19*___, *to* 4-15-67, *19*___, *that I last saw the deceased alive on* 4-15-67, *19*___, *and that death occurred at* 2:15 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Buckholder MD 071
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 4/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-19-67
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell [signature]
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 4 1967

MAY 5 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 2 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1386
Local Reg. No. 215
Reg. Dist. No. 370

BIRTH NO.

APR 26 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY IN THIS (City, town, or place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1715 Idaho Street

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) J. 003 c. (Last) NEDEAU

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 20, 1894

9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Lincoln County, Kansas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Riley Murphy — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary J. Broadston — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-12-3460

17. INFORMANT'S OWN SIGNATURE: Frank L. Nedeau — ADDRESS: 510 Bannock Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1967, *to* 4-15, 1967, *that I last saw the deceased alive on* 4-15, 1967, *and that death occurred at* 12 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. B. Patterson (Degree or title): 412 MD — **23b. ADDRESS**: Boise — **23c. DATE SIGNED**: 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4-19-67 — **24c. NAME OF CEMETERY OR CREMATORY**: Dry Creek Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-24-67 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: Howell Delmay — **LICENSE NO.**: E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 20 1967

Certificate of Death

STATE OF IDAHO

State File No. 1387
Local Reg. No. 208
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bureau Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 001 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6816 Ashland Drive

3. NAME OF DECEASED (Type or Print): a. (First) CAROL b. (Middle) B. 000 c. (Last) WILMOTH

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 9, 1923

9. AGE (In years last birthday): 43 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 09

10b. KIND OF BUSINESS OR INDUSTRY: Mtn State Tel.

11. BIRTHPLACE (State or foreign country): Co. Elkins, West Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oris B. Wilmoth, BIRTHPLACE: Montrose, W. Va.

14. MOTHER'S MAIDEN NAME: Amanda Ferguson, BIRTHPLACE: Montrose, W. Va.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2, Korean

16. SOCIAL SECURITY NO.: 234-26-6252

17. INFORMANT'S OWN SIGNATURE: Bessie L. Wilmoth ADDRESS: 6816 Ashland Drive Boise, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4207

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): Liveing under severe strain. — Months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
with record of Cardiac Condition.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____ *and that death occurred at* 845PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Oris 583 (Degree or title): Coroner — **23b. ADDRESS**: 3720 Meadow Drive, Boise. — **23c. DATE SIGNED**: 4-20-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4-19-67 — **24c. NAME OF CEMETERY OR CREMATORY**: Terrace Lawn Cemetery — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer

25. EMBALMER: Howell D. Ramsay — **LICENSE NO.**: E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

APR 26 1967

JUL 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1388
Local Reg. No. 211
Reg. Dist. No. 370

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY IN IDAHO: 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: 555 Baker
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Baker
d. STREET ADDRESS (If rural, give location): 2528 Valley Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JUANITA b. (Middle) MAE c. (Last) PETERSON

4. DATE OF DEATH: (Month) (Day) (Year) April 16, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: September 16, 1904
9. AGE (In years last birthday): 62
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Council Bluffs, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Thomas Grant Smithpeter BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Laura Astella Kite BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: W. D. Peterson ADDRESS: Baker, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic adenocarcinoma of lung — INTERVAL BETWEEN ONSET AND DEATH: 2 + mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [*] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2-67 19__, *to* 4-16, 1967, *that I last saw the deceased alive on* 4-16-67, 19 67 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. D. Jones 173 (Degree or title) MD
23b. ADDRESS: 425 Bannock Boise
23c. DATE SIGNED: 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial-Rem.
24b. DATE: April 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. Hope Cemetery
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 4-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Thad P. Beatty
LICENSE NO.: E-311

FIRM NAME: The Beatty Chapel, Baker, Oregon

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 28 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
APR 20 1967
Bureau of V

Certificate of Death

STATE OF IDAHO

State File No. 1389
Local Reg. No. 204
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2620 El Rancho Road

3. NAME OF DECEASED (Type or Print)
a. (First): MARIE
b. (Middle): 003
c. (Last): WILSON

4. DATE OF DEATH: April 16, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married

8. DATE OF BIRTH: Jan. 8, 1890

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Weinsberg, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Specht
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Marie Wirth
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-05-2294

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Grover C Wilson 2620 El Rancho Rd. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Heart disease — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis — 3
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/21 *1965, to* 4/16 *, 1967, that I last saw the deceased alive on* 4/16 *, 1967, and that death occurred at* 12:00 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D 421

23b. ADDRESS: Boise

23c. DATE SIGNED: 4/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-19-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Lowell Summers
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

JUN 28 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 2 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1390
Local Reg. No. 216
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1120 Grant Avenue

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Elden c. (Last) Bock, Jr.

4. DATE OF DEATH: (Month) (Day) (Year): April 16, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Jan. 31, 1949

9. AGE (In years last birthday): 18
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James E. Bock, Sr. BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: Alice Bucy BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: James E Bock ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8234

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Laceration

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & bleeding from
DUE TO (c) Laceration

INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): XX

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Country road 06

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 20 D

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2a m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car hit tree

22. *I hereby certify that I attended the deceased from* 4-16, 1967, *to* 4-16, 1967, *that I last saw the deceased alive on* 4-16, 1967, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D. **23b. ADDRESS**: Caldwell Idaho **23c. DATE SIGNED**: 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-24-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Merville D Davis E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1391
Local Reg. No. 219
Reg. Dist. No. 270

RECEIVED APR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN: Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 24 E. State 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 010
c. CITY OR TOWN: Meridian
d. STREET ADDRESS: 24 E. State

3. NAME OF DECEASED (Type or Print)
a. (First): Tirzah
b. (Middle): Alta
c. (Last): Wagoner

4. DATE OF DEATH: April 16, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 1, 1878
9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairbury, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry C. Champlin
BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Sarah L. Epslow
BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Margaret L. Wagoner
ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Stokes Adams seizure — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Heart block — 8 weeks
DUE TO (c): Arteriosclerotic heart disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Aug, 1957, *to* 6 Apr, 1967, *that I last saw the deceased alive on* Apr 6, 1967, *and that death occurred at* 1:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE: C.K. Blackburn (Degree or title) MD
23b. ADDRESS: 1320 Vista Boise, Ida
23c. DATE SIGNED: 21 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-20-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 4-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Deceased
LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1392
Local Reg. No. 54
Reg. Dist. No. 371

BIRTH NO.

RECEIVED APR 26 1967 VITAL STATISTICS

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 62 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 503 Holly Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lorenzo	A	HOPKINS.	4	17	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	8-10-32	34				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cleaner, Pan American Air Ways.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Oregon
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Willie L Hopkins
BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Della Mae Solomon
BIRTHPLACE: No. Dak.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): POKO. 06
16. SOCIAL SECURITY NO.: 543 34 7680
17. INFORMANT'S OWN SIGNATURE: John D Stark
ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-15-67, 19__, to 4-17, 19 67, that I last saw the deceased on [illegible] and that death occurred at 5:30PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. 597 ROBERT C LEWIS, M.D.	VA Center, Boise, Idaho.	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 20, 1967	Hillcrest Memorial Gardens	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-24-67	Myrtle Palmer	Richard W. Massenburg	E-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

APR 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 12 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 5 1990

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1393
Local Reg. No. 208
Reg. Dist. No. 370

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 21 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 001 Boise
c. CITY OR TOWN: Idaho City
d. STREET ADDRESS: Idaho City

3. NAME OF DECEASED (Type or Print): a. (First) Vern b. (Middle) F. c. (Last) Clayton
4. DATE OF DEATH: April 17, 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: Nov. 28, 1885
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Cabinet Maker
11. BIRTHPLACE (State or foreign country): Fort Fetterman, Wyo.
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: George P. Clayton
BIRTHPLACE: Wisc.
14. MOTHER'S MAIDEN NAME: Jennie Sutcliff
BIRTHPLACE: Ark.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-05-6206
17. INFORMANT'S OWN SIGNATURE: Irene Clayton Hayes
ADDRESS: Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Cor Pulmonale - Pulmonary Edema
INTERVAL BETWEEN ONSET AND DEATH: 30 Da.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced Pulmonary Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 19 67 *to* April 17, 19 67, *that I last saw the deceased alive on* April 17, 19 67, *and that death occurred at* 6:30 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Coppard (Degree or title) M.D.
23b. ADDRESS: 311 Idaho St Boise
23c. DATE SIGNED: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-20-67
24c. NAME OF CEMETERY OR CREMATORY: Idaho City Cemetery
24d. LOCATION (City, town, or county) (State): Idaho City, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson
LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1394
Local Reg. No. 212
Reg. Dist. No. 370

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3115 Sycamore Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Paul — b. (Middle) 235 — c. (Last) Oliver Liming

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed

8. DATE OF BIRTH: Oct. 4, 1874

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Miner & Merchant 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Keosauqua, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Liming — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Peacock — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-60-9060

17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease — 15 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 June, 1965, *to* 18 April, 1967, *that I last saw the deceased alive on* 30 March, 1967, *and that death occurred at* 6:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clayton C. Morgan 370 (Degree or title): M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 19 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/20/67

24c. NAME OF CEMETERY OR CREMATORY: Margaret Cemetery

24d. LOCATION (City, town, or county) (State): Cascade, Idaho

DATE REC'D BY LOCAL REG.: 4-21-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John T. Wilkerson

LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1395
Local Reg. No. 55
Reg. Dist. No. 371

RECEIVED APR 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 195 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nyssa.
d. STREET ADDRESS (If rural, give location): 7 East Ehrgood Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Otis
b. (Middle): A 004
c. (Last): NICHOLS

4. DATE OF DEATH: (Month) 4 (Day) 18 (Year) 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	7-18-96	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Highway Employee.	Same	Arkansas	U S A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Nichols. 09	Indiana.	Elizabeth Creech.	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1 3	543 12 6580	John O Stark	VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	1 day
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic heart disease	7 months
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Coccidiomycosis, disseminated	2 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES XXX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. ~~I last saw the deceased alive on~~ attended the deceased from 10-5- , 1966, to 4-18 , 1967, ~~that I last saw the deceased alive on~~ and that death occurred at 7:20 AM., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D.	597	VA Center, Boise, Idaho	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4-18-67		Nyssa, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-26-67	Myrtle Palmer	Dale M Summers	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 18 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1396
Local Reg. No. 220
Reg. Dist. No. 270

RECEIVED
APR 27 1967
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (In this place): 9 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2721 Irene Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2721 Irene Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SARAH	A.	SCHOENFELDT	April 18 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	2 Widowed	April 8, 1894	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): McKinney, Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry James Snyder — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary Ann Perkins — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-32-1434
17. INFORMANT'S OWN SIGNATURE: O. R. Schoenfeldt — ADDRESS: Route #1 Meridian, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): —
DUE TO (c): High Blood Pressure.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Physican reports her treatments for bad Heart Condition — Months.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title) Coroner
23b. ADDRESS: 3720 Meadow Drive Boise.
23c. DATE SIGNED: 4-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-22-67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1397
Local Reg. No. 273
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
APR 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
DURATION OF STAY (in this place): 36 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) Francis c. (Last) Belknap

4. DATE OF DEATH (Month) (Day) (Year): April 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married

8. DATE OF BIRTH: Dec. 23, 1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching 04

10b. KIND OF BUSINESS OR INDUSTRY: Livestock

11. BIRTHPLACE (State or foreign country): Pleasant Mount, Pa.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jesse Belknap
BIRTHPLACE: Pennsylvania

14. MOTHER'S MAIDEN NAME: Catherine Hanvy
BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-44-4402-A

17. INFORMANT'S OWN SIGNATURE: Rt. 3 Boise
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 60 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis Gen — ? /

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Arthritis Mul — 8 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1967, *to* 4-19, 1967, *that I last saw the deceased alive on* 4-19, 1967 *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B Knutson (Degree or title) MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 4-20 67

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION

24b. DATE: 4/21/67

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mem. Pk.

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-21-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: NOT EMBALMED

LICENSE NO.: F.D. 68

NAME OF FUNERAL HOME: MOUNTAIN VIEW FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1398
Local Reg. No. 56
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 64 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 441
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser.
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): T
c. (Last): BAKER.

4. DATE OF DEATH: (Month) 4 (Day) 20 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 9-23-89

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: SAME.

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Thomas E Baker.
BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Jennie Crofton.
BIRTHPLACE: Okla

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 8-13-11 to 6-24-13.

16. SOCIAL SECURITY NO.: 518-46-1734.

17. INFORMANT'S OWN SIGNATURE: John O Baker
ADDRESS: VA Hospital Records, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Emphysema, pulmonary, chronic.
INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

I attended the deceased from 2-15, 19 67, to 4-20-, 19 67, and that death occurred at 10:15 AM., from the causes and on the date stated above.

23a. SIGNATURE: M. G. STROMBERG, M.D. 597 (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 4-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 4-20-67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 4-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: A Dale McMurtrey
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB -4 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1399
Local Reg. No. 225
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada — MAY 1 1967 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 007 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 911 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert — b. (Middle) Allen — c. (Last) Turley

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Jan. 4, 1945

9. AGE (In years last birthday): 22 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Odd Jobs 06

10b. KIND OF BUSINESS OR INDUSTRY: Odd Jobs

11. BIRTHPLACE (State or foreign country): Portland, Oregon

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Melvin Turley — BIRTHPLACE: ---

14. MOTHER'S MAIDEN NAME: Helen Mitchell — BIRTHPLACE: ---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 542-48-201X

17. INFORMANT'S OWN SIGNATURE: Mrs Linda D Turley — ADDRESS: Boise Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drowning in Boise River — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Subject to Epilepsy Convulsions. Years.

DUE TO (c): Had an Attack, fell in water.

II. OTHER SIGNIFICANT CONDITIONS: Drownded.

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18 ~~20~~

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19, *to* , 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* 4 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 543 (Degree or title): Coroner

23b. ADDRESS: 3720 Meadow Drive, Boise,

23c. DATE SIGNED: 4-26-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-29-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1400
Local Reg. No. 221
Reg. Dist. No. 370

RECEIVED

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 01 Ada
APR 27 1967
000
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): R. F. D. #1

3. NAME OF DECEASED (Type or Print)
a. (First): DeFAYNE
b. (Middle): E.
c. (Last): DeHAVEN

4. DATE OF DEATH: April 21, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 30, 1900

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Neillsville, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Lynch
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: (Unknown) Bliss
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 467-32-5675

17. INFORMANT'S OWN SIGNATURE: + Harry W. DeHaven
ADDRESS: Route #1 Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Evening before she had complained of severe Pains in Chest, and Cramps in her legs. Had an attack while waxing floor. expired by her bed. Hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 11:50 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583
(Degree or title): Coroner

23b. ADDRESS: 3720 Meadow Drive, Boise

23c. DATE SIGNED: 4-25-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-24-67

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-27-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 2 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 2 8 1995

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1401
Local Reg. No. 242
Reg. Dist. No. 370

BIRTH NO.

MAY 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5802 Robertson Dr.

3. NAME OF DECEASED (Type or Print): a. (First) Jake b. (Middle) I c. (Last) Fine

4. DATE OF DEATH: (Month) April (Day) 21 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Dec. 25, 1891

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Representative

10b. KIND OF BUSINESS OR INDUSTRY: Heavy Equipment

11. BIRTHPLACE (State or foreign country): Sprague Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry L. Fine 24 — BIRTHPLACE: "No Record"

14. MOTHER'S MAIDEN NAME: Olive M. Walter — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Marjorie Whaley — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* Apr 21, 1967, *that I last saw the deceased alive on* Apr 21, 1967, *and that death occurred at* 12:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): [signature]

23b. ADDRESS: 1320 Vista Ave. Boise Id.

23c. DATE SIGNED: May 1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 24, 1967

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-11-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JUL 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1402
Local Reg. No. 230
Reg. Dist. No. 270

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hosp. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 42
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 120 Sidney St.

3. NAME OF DECEASED (Type or Print) a. (First) HUBER b. (Middle) FRANK c. (Last) REES

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH July 9, 1899

9. AGE (In years if not birthday) 67 | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OD

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Jefferson Co., Kansas

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Frank Albert Rees BIRTHPLACE Kankakee, Ill.

14. MOTHER'S MAIDEN NAME Olga Dagmar Huber BIRTHPLACE Jefferson Co., Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no

16. SOCIAL SECURITY NO. 518-05-6426A

17. INFORMANT'S OWN SIGNATURE Raymond W Rees ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 18 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar, 1966, *to* Death, 19____, *that I last saw the deceased alive on* April 21, 1967 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE H B Jeffers 259 (Degree or title) M D

23b. ADDRESS Boise Idaho

23c. DATE SIGNED 4/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE April 24, 1967

24c. NAME OF CEMETERY OR CREMATORY Filer IOOF Cemetery

24d. LOCATION (City, town, or county) Filer, Idaho (State)

DATE REC'D BY LOCAL REG. 5-3-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER E Dale McMurtrey LICENSE NO. E 410

FIRM NAME SUMMERS FUNERAL HOME Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 0 8 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1403
Local Reg. No. 322
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7905 Ustick Road

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) J. c. (Last) LIENHARD

4. DATE OF DEATH: (Month) (Day) (Year) April 22, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 18, 1897

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Day-Nite Distributor

11. BIRTHPLACE (State or foreign country): St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joshua Lienhard — BIRTHPLACE: Switzerland

14. MOTHER'S MAIDEN NAME: Frieda Ruesch — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 540-05-8117

17. INFORMANT'S OWN SIGNATURE: John R. Lienhard — ADDRESS: 6623 N. E. [illegible] Portland, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombisis. — INTERVAL BETWEEN ONSET AND DEATH: 15 Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Complained of Chest & Stomach Pains that Mroning. Had the attack while driving his car. — Hours.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* Did Not See Alive, 19[illegible], *that I last saw the deceased alive on* [illegible], 19[illegible], *and that death occurred at* 12:50 ~~A.M.~~ P.M. *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-25-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 4-27-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Howell W. Demaray
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1404
Local Reg. No. 223
Reg. Dist. No. 370

RECEIVED APR 28 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): # 3 Mesa Drive

3. NAME OF DECEASED (Type or Print): a. (First) Edson b. (Middle) [illegible] c. (Last) Deal

4. DATE OF DEATH: (Month) April (Day) 22, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 11, 1903

9. AGE (In years last birthday): 63 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary of State 08

10b. KIND OF BUSINESS OR INDUSTRY: State of Idaho

11. BIRTHPLACE (State or foreign country): Weiser, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willard Wallace Deal
BIRTHPLACE: Michigan

14. MOTHER'S MAIDEN NAME: Flora Lucy Hart
BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-07-3188

17. INFORMANT'S OWN SIGNATURE: Gwendolyn A. Deal
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus — 9 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-6, 1949, *to* 4-22, 1967, *that I last saw the deceased alive on* 4-20, 1967, *and that death occurred at* 3:45P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 C Horton MD
23b. ADDRESS: 1223-7 St So, Nampa
23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/25/1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 4-28-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: E-422
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 28 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 18 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

SEP 25 1968

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1405
Local Reg. No. 57
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoup.
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	A	STAUFFENBERG.	4	23	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	4-11-01	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Blacksmith. 21	Same	Utah.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Stauffenberg.	Pa.	Unknown	Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519 10 90 90	John D Stauffenberg	VA Hospital Records, Boise, Idaho.

4918

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — 12 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

I attended the deceased from 4-18, 19 67, to 4-23, 19 67, and that death occurred at 12:35 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. B. HINE, M.D. 597	VA Center, Boise, Idaho.	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/25/67	Salmon Cemetery	Salmon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-28-67	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1406
Local Reg. No. 57
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho
c. LENGTH OF STAY (in this place) 42 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boise, Idaho. 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 14
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 143 Hudson Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Thomas	J (Jr.)	CROXEN.	4	24	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	1-9-88	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer. 04
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Nebraska
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Richard W Croxen. BIRTHPLACE Ill.
14. MOTHER'S MAIDEN NAME Elizabeth Wright. BIRTHPLACE [illegible]

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1
16. SOCIAL SECURITY NO. 518 38 06 31
17. INFORMANT'S OWN SIGNATURE John D Croxen ADDRESS VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: 17 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome — 1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I last attended the deceased from 3-13, 19 67 to 4-24, 19 67, and that death occurred at 5:40PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert E. Lewis, M.D.	Boise, Idaho	4/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 28, 1967	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-8-67	Myrtle Palmer	Larry J. Krumb	E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1407
Local Reg. No. 231
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1817 Harrison Blvd. 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1817 Harrison Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): POTTER
b. (Middle): TYLEE
c. (Last): HOWARD

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 7, 1919
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Personnel Manager 09
10b. KIND OF BUSINESS OR INDUSTRY: Intermountin Gas Co.
11. BIRTHPLACE (State or foreign country): Sumol, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Potter P. Howard, BIRTHPLACE: Sidney Nebraska
14. MOTHER'S MAIDEN NAME: Marene E. Platz, BIRTHPLACE: Omaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 519-18-5128
17. INFORMANT'S OWN SIGNATURE: + Marjorie Arloine Howard — ADDRESS: 1817 Harrison Blvd Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Coronary insufficiency — 3 mo
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Myocardial infarction Feb '67

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1958, *to* 4-25, 1967, *that I last saw the deceased alive on* 3-23, 1967, *and that death occurred at* 6:10 AM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. D. Forney 173 M.D.
23b. ADDRESS: 425 Bannock Boise
23c. DATE SIGNED: 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-3-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray
LICENSE NO.: E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 18 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 25 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1408
Local Reg. No. 232
Reg. Dist. No. 370

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
STAY (in this place): 1 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1312 Juanita Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	BARTON	WEBB	April 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 11, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mail Carrier 08	US Post Office	Searcy, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Will Webb	Tennessee	Lois Francisco	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
No	---	519-46-9126	Clara F. Webb 1312 Juanita Dr. Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 57, *to* 4-26, 19 67, *that I last saw the deceased alive on* 4-25, 19 67, *and that death occurred at* 3:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. B. Sattler MD	Boise Idaho	4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-29-67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-3-67	Myrtle Palmer	Fred E. Walker	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 4 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 18 1967 Bureau of Vital Statistics

State File No. 1409
Local Reg. No. 257
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 D
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 349 East Bower

3. NAME OF DECEASED (Type or Print)
a. (First): Evelyn
b. (Middle): May
c. (Last): Rawlinson

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 5, 1916
9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Ontario, Oregon
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Manuel Smith
BIRTHPLACE: Ontario Oregon
14. MOTHER'S MAIDEN NAME: Pearl Poole
BIRTHPLACE: Harney Co. Oregon.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Thos W Rawlinson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction 4201
INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes Mellitus

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/21, 1967, *to* 4/26, 1967, *that I last saw the deceased alive on* 4/26, 1967, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 654 Walter A. Klein M.D.
23b. ADDRESS: 425 W Bannock
23c. DATE SIGNED: 5/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/67
24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Frank Relyea
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

AUG 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 9 1993

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1410
Local Reg. No. 224
Reg. Dist. No. 370

RECEIVED APR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 201 Homestead

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Chester c. (Last) Maughan

4. DATE OF DEATH: (Month) April (Day) 26, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retail Merchant 22

10b. KIND OF BUSINESS OR INDUSTRY: Station & Store

11. BIRTHPLACE (State or foreign country): Weston, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Maughan, Jr. BIRTHPLACE: Wellsville, Utah

14. MOTHER'S MAIDEN NAME: Agnes Olsen BIRTHPLACE: Logan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-24-3083

17. INFORMANT'S OWN SIGNATURE ADDRESS: Jean Dr Chapman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute exacerbation of a chronic respiratory dysfunction chacterized by emphysema.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1965, *to* March 19 67, *that I last saw the deceased alive on* March 10, 1967, *and that death occurred at* 3p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. Wm Thomas Jr. 528

23b. ADDRESS: 305 Jones Bldg Boise

23c. DATE SIGNED: 4/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/29/1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cem.

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE RECD BY LOCAL REG.: 4-28-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Earl Waggoner LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1411
Local Reg. No. 228
Reg. Dist. No. 270

RECEIVED MAY 3 1967 Bureau of Vital Statistics

BIRTH NO. 011 3-09

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Michigan 23
b. COUNTY: Wayne 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wyandotte
d. STREET ADDRESS (If rural, give location): 538 Fort Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Archibald b. (Middle) W. c. (Last) York

4. DATE OF DEATH: (Month) (Day) (Year) April 27, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Nov. 26, 1893

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 73

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 06

10b. KIND OF BUSINESS OR INDUSTRY: Chemical Corp.

11. BIRTHPLACE (State or foreign country): Jewell County, Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Ellis York — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Cora Oliver Davis — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 371-09-1344

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Michigan

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Hemorrhagic Pancreatitis — 4 Weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: Subsiding Hemorrhagic Pancreatitis

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1967, *to* 4-27, 1967, *that I last saw the deceased alive on* 4-27, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) — **23b. ADDRESS**: Boise Idaho — **23c. DATE SIGNED**: 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 3, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Michigan Memorial Park — **24d. LOCATION** (City, town, or county) (State): Flat Rock Michigan

DATE REC'D BY LOCAL REG.: 5-2-67 — REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson [Eldon T. Pearson] — LICENSE NO.: E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1412
Local Reg. No. 62
Reg. Dist. No. 371

Certificate of Death

RECEIVED
MAY 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
c. LENGTH OF STAY (in this place): 22 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 420
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl.
d. STREET ADDRESS (If rural, give location): 225, 11th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Harvey
b. (Middle): Allen
c. (Last): GRISHABER

4. DATE OF DEATH (Month) 4 (Day) 29 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 3-6-92
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Co. Weed Controll.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: U SA

13. FATHER'S NAME: John Grishaber 08
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Catherine Faust
BIRTHPLACE: Indiana.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1
(If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 519163821
17. INFORMANT'S OWN SIGNATURE: John D. Storb
ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gangrene, right foot — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis obliterans — 1½ years
DUE TO (c): Diabetes mellitus — 1½ years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 4-7-, 19 67, to 4-29-, 19 67, ~~that I last saw the deceased alive on~~ and that death occurred at 9:30PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Glenn Voyles
GLENN Q VOYLES, M.D. 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rmoval 3
24b. DATE: 5-1-67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Elach M. Hearn
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1413
Local Reg. No. 238
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home

1-02

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) A. c. (Last) Thompson

4. DATE OF DEATH: (Month) April (Day) 29, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 2, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Stockton, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John B. Thompson — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Mary Jane Carl — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-6330
17. INFORMANT'S OWN SIGNATURE: William E. Thompson — ADDRESS: Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4508

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* April 29, 1967 *that I last saw the deceased alive on* April 27 1967, *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.S. Brown M.D. (Degree or title)
23b. ADDRESS: Meridian Idaho
23c. DATE SIGNED: 5/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo. Read
LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1414
Local Reg. No. 229
Reg. Dist. No. 370

RECEIVED MAY 4 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 14 yrs. 114
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5715 Gage St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5715 Gage St.

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): DeMoss
c. (Last): Warren

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 19, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Security Officer 06
10b. KIND OF BUSINESS OR INDUSTRY: Bank of Idaho
11. BIRTHPLACE (State or foreign country): Uniontown, Maryland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. Wilson Warren — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Bertha E. Bowers — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-10-9880
17. INFORMANT'S OWN SIGNATURE: Lulu G. Warren — ADDRESS

18. CAUSE OF DEATH 7954
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Failure
DUE TO (c) Initial Rigor Mortis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* None, 19__, *to* _____, 19__, *that I last saw the deceased alive on* April 28, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dr. C. J. Higgins, D.C. 784 3
23b. ADDRESS: 914 N. Eustis Rd. Boise, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/2/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise, (State): Idaho

DATE REC'D BY LOCAL REG.: 5-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: G. W. Waters — LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1415
Local Reg. No. 237
Reg. Dist. No. 270

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location): 313 W. Pine

3. NAME OF DECEASED (Type or Print): a. (First) Hattie b. (Middle) F. 293 c. (Last) Chapman

4. DATE OF DEATH: (Month) (Day) (Year): April 29, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 14, 1878

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Darlington, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LeRoy Cobb
BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Eliza Frances Unk.
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-60-0064

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Chester Chapman Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral arteriosclerosis — 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Hypertension — 5 yrs

331X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Apr 26, 1956, *to* death, 19____, *that I last saw the deceased alive on* Apr 29, 1967, *and that death occurred at* 8:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C R Blackburn MD
23b. ADDRESS: 132 Vista Boise, Ida.
23c. DATE SIGNED: 2 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-2-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Jes Jarad
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 21 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1416
Local Reg. No. 233
Reg. Dist. No. 370

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 Days 3-06
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2514 Pleasanton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): NINA
b. (Middle): FLORENCE 003
c. (Last): SEDAN

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 18, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Polk, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles O. Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ida C. Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-56-6338
17. INFORMANT'S OWN SIGNATURE: Forrest Sedan — ADDRESS: 2514 Pleasanton Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1932

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Increased intracranial pressure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant meningioma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Malignant left tumor + periatal tumor
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24-, 1967, *to* 4-29-, 1967, *that I last saw the deceased alive on* 4-29-, 1967, *and that death occurred at* 8:30 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward Grifer M.D.
23b. ADDRESS: 616 Eastman Bldg
23c. DATE SIGNED: 5/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-1-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Polk, Nebraska

DATE REC'D BY LOCAL REG.: 5-3-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1417
Local Reg. No. 7
Reg. Dist. No. 300

BIRTH NO.

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

1-23

1. PLACE OF DEATH
a. COUNTY Adams 020
b. CITY OR TOWN Meadows, rural
c. LENGTH OF STAY IN (this place) 23 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mud Creek Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 020 b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meadows
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) EUGENE b. (Middle) F. c. (Last) KESKA

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 4, 1914
9. AGE (In years last birthday): 53 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher-truck driver 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Pollock, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank Keska — BIRTHPLACE: Chicago, Ill.
14. MOTHER'S MAIDEN NAME: Marry Wedding — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-7331
17. INFORMANT'S OWN SIGNATURE: Irma C. Keska — ADDRESS: Meadows, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Meadows (COUNTY) Adams (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 2:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Robert E. Hansen, Coroner — 23b. ADDRESS Council, Idaho — 23c. DATE SIGNED 5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meadows Valley Cemetery
24d. LOCATION (City, town, or county) (State): Meadows, Idaho

DATE REC'D BY LOCAL REG.: 5-9-67
REGISTRAR'S SIGNATURE
25. EMBALMER: Burton C. Walker — LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: MAY 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1418
Local Reg. No. 108
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-2128

RECEIVED MAY 4 1967 Bureau of Vital Statistics

031 1.00 019

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 855 East Poplar

3. NAME OF DECEASED (Type or Print)
a. (First): RAFE
b. (Middle): ERIC
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): March 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: March 28, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 2 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: XXXXX
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Richard Peterson
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Ruby Mae Lange
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT'S OWN SIGNATURE: Richard Peterson
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7715

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pleural hemorrhage & atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 March, 1967, *to* 28 March, 1967, *that I last saw the deceased alive on* 28 Mar, 1967, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D B Roberts 737 MD
23b. ADDRESS: 527 So 12th Ave Pocatello
23c. DATE SIGNED: 21 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Bingham County, Idaho

DATE REC'D BY LOCAL REG.: APR 27 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-2128

State File No. 1419
Local Reg. No. 93
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

APR 10 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If hospital or institution): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1231 South Fourth Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): L
c. (Last): BAIR

4. DATE OF DEATH (Month) (Day) (Year): April 1 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 11, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Street Supt. 08
10b. KIND OF BUSINESS OR INDUSTRY: Municipality
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Howard Bair — BIRTHPLACE: Penna.
14. MOTHER'S MAIDEN NAME: Elizabeth — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WW I 3
16. SOCIAL SECURITY NO.: 519-20-3898A
17. INFORMANT'S OWN SIGNATURE: Dale W. Bair — ADDRESS: Fallon, Nevada

493X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Severe Cardio Respiratory Disease — —
DUE TO (c): & Hypertension with — —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Left ventricular hyperthrophy — —

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Obesity
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Mar, 1967, *to* 1 Apr, 1967, *that I last saw the deceased alive on* 1 Apr, 1967, *and that death occurred at* 12:05 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clark Parker MD 406 (Degree or title)
23b. ADDRESS: 343 West Lewis, Pocatello Idaho
23c. DATE SIGNED: 3 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gdns.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 4-5-67
REGISTRAR'S SIGNATURE: Sally Kelly
25. EMBALMER: George W. Knopp
LICENSE NO.: 409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1420
Local Reg. No. 96
Reg. Dist. No. 570

RECEIVED Bureau of Vital Statistics STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 03 — APR 1 8 1967 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — Statistical STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St.Anthony Comm.Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 03 — b. COUNTY: Bannock — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — d. STREET ADDRESS (If rural, give location): Gathe Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BERT	S. 019	WRIGHT	April 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 15, 1887	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Conductor 10	Railroad	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe Wright	Unknown	Frankie Lyons	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-05-1606	Mrs Bert S Wright	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2900

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pernicious Anemia — 3 years

DUE TO (c) Acidosis — 10 days

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Age — 80 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Wurster, M.D.	M.D.	B4 Center Plaza, Pocatello, Ida.	4/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-4-67	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-13-67	Maureen Schelske, Deputy	George W. Knoff	E-409

FIRM NAME: Howard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1421
Local Reg. No. 55
Reg. Dist. No. 510

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 031 — APR 1 8 1967 — b. CITY OR TOWN: Pocatello 050 — c. LENGTH OF STAY (in this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 03 — b. COUNTY: Bannock — c. CITY OR TOWN: Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION: Bannock Memorial Hospital — d. STREET ADDRESS (If rural, give location): 357½ West Bridger

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	LAVINA 018	BOHNEY	April 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Nov. 6, 1890	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Loa, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Riley Richardson	Utah	Nellie Jane Harris	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		X Mrs. Jesse Warth	Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated diverticulum, colon — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Diverticulosis and

DUE TO (c) Diverticulitis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-31, 1966, to 4-1, 1967, *that I last saw the deceased alive on* 4-1, 1967, *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Sydney A. Hancock MD	Center Plaza, Pocatello Idaho	4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 4, 1967	Rose Hill Cemetery	Idaho Falls, Bonne., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Maureen Schulke, Deputy	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1422
Local Reg. No. 107
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
MAY 2 1967
BUREAU OF VITAL STATISTICS

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello, Idaho
d. STREET ADDRESS (If rural, give location): 520 S. 7th

3. NAME OF DECEASED (Type or Print)
a. (First): PETER
b. (Middle): G. (PETE)
c. (Last): PATTIS

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: July 21, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager

10b. KIND OF BUSINESS OR INDUSTRY: Cafe

11. BIRTHPLACE (State or foreign country): Greece

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Pattis
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Constance Pelopeda
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 518-32-9413

17. INFORMANT'S OWN SIGNATURE: Mary Pattis
ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral and coronary Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Diabetes 5 yr.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* Apr 3, 1967, *that I last saw the deceased alive on* Apr 3, 19 67 *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J P Downard MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-6-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 4-28-67
REGISTRAR'S SIGNATURE: Mary Keeley

25. EMBALMER: John P. Gonna
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
FORM DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1423
Local Reg. No. 97
Reg. Dist. No. 510

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 915 North Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): CLARENCE
b. (Middle): OLIVER
c. (Last): WOLFENBARGER

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 24, 1899
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician 23
10b. KIND OF BUSINESS OR INDUSTRY: Music
11. BIRTHPLACE (State or foreign country): Boliver, Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: David Franklin Wolfenbarger — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Evva Bird — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 03 9483
17. INFORMANT'S OWN SIGNATURE: Gaylane Purrill — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease & myocardial failure acute — (sudden Death)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6-, 1967, *to* 4-3-, 1967, *that I last saw the deceased alive on* 4-3, 1967, *and that death occurred at* 10:11 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 362 David C. Miller MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Manning
FUNERAL CHAPEL
LEON W. MANNING

510 NORTH TWELFTH A
POCATELLO, IDAHO
TELEPHONE 232-7199

RECEIVED
APR 20 1967
Bureau of Vital Statistic

April 19, 1967

Bureau of Vital Statistics
State House
Boise, Idaho

Gentlemen:

The burial information was omitted from the death certificate of Clarence Oliver Wolfenbarger who died April 3, 1967 at Pocatello.

He was buried April 6, 1967 at Mountainview Cemetery, Pocatello, Bannock, Idaho.

We would appreciate it if you would add this to the certificate. Thank you.

Yours truly,

Pauline Hobson

Pauline Hobson, Sec.

Bureau of Vital Statistics
State of Idaho
Boise, Idaho

Gentlemen:

The burial information was omitted from the [illegible] certificate of [illegible] Oliver [illegible] [illegible] [illegible].

[illegible] April 8, 1967 at [illegible] [illegible], Idaho.

[illegible] appreciate it if you [illegible] certificate. Thank you.

Yours truly,

Pauline Hobson, Sec.

67-3125

Certificate of Death

STATE OF IDAHO

State File No. 1424
Local Reg. No. 102
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 021 Bannock
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 031 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 445 Pearl

3. NAME OF DECEASED (Type or Print)
a. (First) TIMOTHY
b. (Middle) WILLIAM
c. (Last) HAIGHT

4. DATE OF DEATH (Month) (Day) (Year) April 4, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH April 4, 1967
9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours 7 | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY XXXX
11. BIRTHPLACE (State or foreign country) Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William R. Haight
BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Patricia Roberts
BIRTHPLACE Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO. XXXX
17. INFORMANT'S OWN SIGNATURE William R. Haight
ADDRESS Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7635 Prematurity
INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Pneumonia (at autopsy)
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 April 1967, *to* 4 April, 1967, *that I last saw the deceased alive on* 4 April, 1967, *and that death occurred at* 8:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Donald B. Roberts (Degree or title) M.D
23b. ADDRESS 527 So 12th Ave.
23c. DATE SIGNED 12 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. 4-28-67
REGISTRAR'S SIGNATURE Darcy Kellogg
25. EMBALMER Conway Grant
LICENSE NO. E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-3125

State File No. 1425
Local Reg. No. 101
Reg. Dist. No. 210

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. TOWN OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 231 South Fourth Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): F.
c. (Last): CHAMBERS

4. DATE OF DEATH (Month) (Day) (Year): April 4 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: January 16, 1882
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self-employed
11. BIRTHPLACE (State or foreign country): Park City Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): Spanish-American
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Robert F. Chambers — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~hyperostotic~~ hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: a few weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: fractured hip

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to* April 4, 19 67, *that I last saw the deceased alive on* April 4, 19 67, *and that death occurred at* 3:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D. 077
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: Apr. 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: April 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Joey Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1426
Local Reg. No. 98
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 021
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello 000
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ANNA b. (Middle) 018 c. (Last) McCONKEY

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: July 10, 1889
9. AGE (In years last birthday): 77 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Wiens BIRTHPLACE
14. MOTHER'S MAIDEN NAME: BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: George McConkey ADDRESS: Inkom, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left lower lobe pneumonitis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Congestive Heart Failure

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19- , 1967, *to* 4-4- , 19 67 *that I last saw the deceased alive on* 4-4- , 19 67, *and that death occurred at* 11:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Sydney A. Hancock 733 (Degree or title) MD
23b. ADDRESS: Center Plaza, Pocatello Idaho
23c. DATE SIGNED: 4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-13-67
REGISTRAR'S SIGNATURE: Maureen Lubelske Deputy
25. EMBALMER: Conway Grant LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1427
Local Reg. No. 99
Reg. Dist. No. 510

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
DURATION OF STAY (in this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 340 East Fremont Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	LYDIA	*****	EDWARDS		April	6	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Colored 2	Married 3	Sept. 26, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home	Memphis, Tennessee	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Data		No Data	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	*****	(s) James Edwards	Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease, — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Failure —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senile Anemia, Hypochromic, Macrocytic — 5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19___, *to* April 6, 1967, *that I last saw the deceased alive on* April 6, 1967, *and that death occurred at* 10:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller	M.D.	Pocatello, Idaho	Apr. 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 8, 1967	Mountainview Cemetery	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
	Maureen Schlieker, Deputy	Jack Henderson	E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred ~~for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1428
Local Reg. No. 109
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 4 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 340 So., Arthur

3. NAME OF DECEASED (Type or Print) a. (First) Laura b. (Middle) Larson c. (Last) Turpin

4. DATE OF DEATH (Month) April (Day) 7 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec 6 87
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) West Jordon Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME William L. Bateman BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Sophronia Watkins BIRTHPLACE Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ———
(If yes, give war or dates of service) ———
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE George W. Larson ADDRESS Aberdeen Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19___, to ———, 19___, *that I last saw the deceased alive on* 4-7, 1967, *and that death occurred at* 8:45 a *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Call MD (Degree or title)
23b. ADDRESS Pocatello Idaho
23c. DATE SIGNED 4-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 10 67
24c. NAME OF CEMETERY OR CREMATORY Hill Crest
24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. APR 27 1967
REGISTRAR'S SIGNATURE Larry Kellogg
25. EMBALMER Floyd M Nalder LICENSE NO. E 275
FIRM NAME: Nalder's Funeral Home Shelley Ida

Federal Security Agency
United States Public Health Service
Form DH-630-2

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1429
Local Reg. No. 100
Reg. Dist. No. 510

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 556 Jefferson

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): LEROY 018
c. (Last): MECHAM

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 16, 1892
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hostler Attendant 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Riverdale, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Mecham — BIRTHPLACE: Franklin, Idaho
14. MOTHER'S MAIDEN NAME: Sarah Lyon — BIRTHPLACE: Hyde Park, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: 712 07 7605
17. INFORMANT'S OWN SIGNATURE: Mrs. W. L. Mecham — ADDRESS: Pocatello

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4331

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arterio sclerotic Cardio-Vascular disease, cardiac enlargement, myocardial failure with auricular fibrillation — INTERVAL BETWEEN ONSET AND DEATH: terminal 5 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hypertension — yes

19a. DATE OF OPERATION: 4-3-67
19b. MAJOR FINDINGS OF OPERATION: Colectomy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 4-7-67, 19__, *that I last saw the deceased alive on* 4-7-, 1965, *and that death occurred at* 11:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: D. Miller, M.D. 362 (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Firth Cemetery
24d. LOCATION (City, town, or county) (State): Firth, Idaho

DATE REC'D BY LOCAL REG.: 4-13-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 12 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1430
Local Reg. No. 106
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 638 Poole

3. NAME OF DECEASED (Type or Print)
a. (First): THEODORE
b. (Middle): R.
c. (Last): SPIEKERMAN

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 31, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Messenger 09
10b. KIND OF BUSINESS OR INDUSTRY: Railway Express
11. BIRTHPLACE (State or foreign country): Fergus Falls, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Bernard Louis Spiekerman, Germany
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Marie Sophia Thom, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Kenneth J. Spiekerman — ADDRESS: Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Cerebral Vascular disease, with acute myocardial failure & sudden death
ANTECEDENT CAUSES — DUE TO (b):
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic Renal Insufficiency

INTERVAL BETWEEN ONSET AND DEATH: yes.
yes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 4-11-, 1967, *that I last saw the deceased alive on* 4-7-, 1967, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Daniel C. Miller, M.D. 362
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Wasatch Lawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: 4-21-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant — LICENSE NO. E478

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1431
Local Reg. No. 110
Reg. Dist. No. 511

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) DONNA b. (Middle) c. (Last) CASTANEDA

4. DATE OF DEATH (Month) (Day) (Year) April 13, 1967

5. SEX Female

6. COLOR OR RACE Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH Oct. 1, 1962

9. AGE (In years last birthday) 4
IF UNDER 1 YEAR Months 6 Days 12
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) San Jose, California

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ruben Castaneda BIRTHPLACE Del Rio, Texas

14. MOTHER'S MAIDEN NAME Henrietta Tomlanson BIRTHPLACE Del Rio, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE * Ruben Castaneda ADDRESS Am. Falls, Idaho

18. CAUSE OF DEATH 2043
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Lymphocytic Leukemia — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* July, 19 66, to April 13, 1967, *that I last saw the deceased alive on* April 13, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Bryden M.D. (Degree or title) 067

23b. ADDRESS 527 S. 17th Ave Pocatello Ida

23c. DATE SIGNED 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial

24b. DATE 4-17-67

24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery

24d. LOCATION (City, town, or county) American Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 4-24-67

REGISTRAR'S SIGNATURE Lucy Keeney

25. EMBALMER H. L. Davis LICENSE NO. E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1432
Local Reg. No. 103
Reg. Dist. No. 511

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 031 APR 24 1967
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (If not this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA, St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030 b. COUNTY Bannock
c. CITY OR TOWN Chubbuck
d. STREET ADDRESS (If rural, give location) Box 8, East Chubbuck Road

3. NAME OF DECEASED (Type or Print)
a. (First) FRED b. (Middle) L. 000 c. (Last) BUNCE

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Nov. 1, 1918
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY Railroad
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leonidas E. Bunce — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Elizabeth Atkinson — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II
16. SOCIAL SECURITY NO. 519-07-5194
17. INFORMANT'S OWN SIGNATURE Betty Jo Bunce — ADDRESS Chubbuck, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I ~~last~~ saw the deceased alive on* 4-14-, 1967, *and that death occurred at* 8:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE 583 — (Degree or title) Coroner — 23b. ADDRESS Bannock Co. Idaho — 23c. DATE SIGNED 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-17-67
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello, Idaho (State)

DATE REC'D BY LOCAL REG. 4-18-67
REGISTRAR'S SIGNATURE Darcy Kellogg
25. EMBALMER John P. Downard
LICENSE NO. E-292
FIRM NAME Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1433
Local Reg. No. 164
Reg. Dist. No. 511

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
LENGTH OF STAY (in this place): 8 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Heber	Olaf	Christopherson	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 17, 1889	77	4	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Grover, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Christopherson,	Denmark	Matilda Olson,	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — —	518-40-9314	Elmo D. Christopherson	Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun-Shot Wound, Head. — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	00	000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — , 19— , *to* — , 19— , *that I last saw the deceased alive on* 4-15-, 1967, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton Hahn Coroner	Bannock Co. Ida.	4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Apr. 18, 1967	Pleasant View Cemetery, Burley,	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-19-67	Darcy Keeler	Conway Grant	E 478

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1434
Local Reg. No. 111
Reg. Dist. No. 5-10

67-3159
BIRTH NO.

RECEIVED MAY 4 1967 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 831 South Ninth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) PATRICK b. (Middle) MARTIN c. (Last) WENSKE

4. DATE OF DEATH: (Month) April (Day) 16 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 14 1967

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02

10b. KIND OF BUSINESS OR INDUSTRY: *****

11. BIRTHPLACE (State or foreign country): Pocatello Idaho

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Jack D. Wenske — BIRTHPLACE: Inland, Nebraska

14. MOTHER'S MAIDEN NAME: Joan M. Crow — BIRTHPLACE: Superior, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.: ******

17. INFORMANT'S OWN SIGNATURE: Jack D Wenske — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Distress Syndrome — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

7630

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 14, 19 67, *to* April 16, 19 67, *that I last saw the deceased alive on* April 16, 19 67, *and that death occurred at* 2:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. M. Snyder (Degree or title) MD — **23b. ADDRESS**: Pocatello, Idaho — **23c. DATE SIGNED**: Apr. 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: April 18, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 4-24-67 — REGISTRAR'S SIGNATURE: Darry Kellogg

25. EMBALMER: Jack Henderson — LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D-67-3159

State File No. 1435
Local Reg. No. 172
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 615 Wayne Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): HERMAN
b. (Middle): HENRY 018
c. (Last): BAADE

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 14, 1914
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store clerk 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Shelton, Mebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Baade — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Anna — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ruby G Baade — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Electrolyte imbalance
DUE TO (c) Diverticulitis Sigmoid.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5721

19a. DATE OF OPERATION: a4/4/67
19b. MAJOR FINDINGS OF OPERATION: Diverticulitis, sigmoid.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/2/67, 19__, *to* 4/17/67, 19__, *that I last saw the deceased alive on* 4/16/67, 19__, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 185 (Degree or title) MD
23b. ADDRESS: 1541 E. Clark St. Pocatello, Idaho
23c. DATE SIGNED: 4/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr.21,1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: MAY 1 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant — LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 5 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1436
Local Reg. No. 105
Reg. Dist. No. 5-10

RECEIVED
STATE OF IDAHO
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY IN THIS COUNTY:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 430 South 12th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): April 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: Mar. 16, 1908
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 21
10b. KIND OF BUSINESS OR INDUSTRY: F.M.C.
11. BIRTHPLACE (State or foreign country): England
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edwin Morgan — BIRTHPLACE: Wales
14. MOTHER'S MAIDEN NAME: Fannie White — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Roy Morgan — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONVULSIVE DISORDER — INTERVAL BETWEEN ONSET AND DEATH: 13 MOS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CAUSE UNKNOWN
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
PATIENT APPARANTLY SUFFOCATED IN PILLOW DURING OR AFTER NOCTURNAL CONVULSION.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 FEBRUARY *19* 66, *to* 17 APRIL, *1967*, *that I last saw the deceased alive on* 25 NOV, *19* 66, *and that death occurred at* 3 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W R HEARNE MD 220
23b. ADDRESS: POCATELLO, IDAHO
23c. DATE SIGNED: 18 APRIL 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 4-19-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 20 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 23 1996

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician PATIENT'S PREVIOUSLY REPORTED SEIZURES HAD ALL OCCURRED @ NIGHT. RIGOR MORTIS WAS WELL ESTABLISHED WHEN FOUND @ 7:00AM, SO IT IS PRESUMED THAT HE EXPIRED AT ABOUT 3 AM.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1437
Local Reg. No. 113
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH	**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. COUNTY: Bannock	a. STATE: Idaho b. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 13 days	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital	d. STREET ADDRESS (If rural, give location): 337 W. Hayden

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EMILY	C.	SCHMIDT	Apr. 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Female	White	Married	July 11, 1881	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Cabell	Virginia	Unknown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-52-9282	P.E. Schmidt	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Sudden death	Sudden
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic disease	5 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Bannock Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1958, 19____, *to* Apr 18 1967, *that I last saw the deceased alive on* April 18 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
348 R.E. Howard M.D.	Pocatello Idaho	4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-24-67	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-24-67	Lacey Kellogg	John P. Gorman	E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 2 4 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 2 8 1977

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1438
Local Reg. No. 114
Reg. Dist. No. 511

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Beaverhead
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lima
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	IRIS		GLEED	April 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Jan. 19, 1891	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Georgia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Peeples	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		J. A Peeples	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Myocardial infarction	about 1 hour
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Recurrent superficial thrombo-	several yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	phlebitis--lower legs	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 26, 1966, *to* April 18, 1967, *that I last saw the deceased alive on* April 18, 1967, *and that death occurred at* 3:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Comstock, M.D	Pocatello Idaho	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-18-67		Dillon, Montana

DATE REC'D LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
APR 27 1967	Lucy Kellogg		Ep292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1439
Local Reg. No. 113
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Adams Used Car Lot 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Touraine Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): JIMMIE
b. (Middle): EUGENE
c. (Last): HEIM

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify):
8. DATE OF BIRTH: Dec.12,1935
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman 34
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Hutchins, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Roland R. Heim — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Mae Retters — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 519 38 8349
17. INFORMANT'S OWN SIGNATURE: Mrs Herman Studer — ADDRESS: Preston, Kansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

976X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gun-Shot-Wound, Head — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE/HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 0
21c. (CITY, TOWN, OR TOWNSHIP) 000 **(COUNTY)** **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* Dead *on* 4-21-, 1967, *and that death occurred at* 1 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton L. John 583 — (Degree or title): Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr.25,1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: MAY 1 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED MAY 4 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1440
Local Reg. No. 116
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 206 E. Walnut

3. NAME OF DECEASED (Type or Print)
a. (First): GUST
b. (Middle): 018
c. (Last): PETERSON

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 6, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Tie Plant Worker 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad Tie Plant
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gustav Peterson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Carl H. Peterson — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Cardio-Vascular
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Disease —
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Yes —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1956, 19__, *to* 4-21, 1967, *that I last saw the deceased alive on* 4-15-, 1967, *and that death occurred at* 8 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Miller 362 MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-24-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 5-1-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gomez
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 03 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1441
Local Reg. No. 120
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH 031 000
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 610 West Halliday Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 610 West Halliday Street

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): B.
c. (Last): BROWN

4. DATE OF DEATH: April (Month) 24 (Day) 1967 (Year)

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: January 8, 1892

9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01

10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Clay County Kansas

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: James Broughton — BIRTHPLACE: Tidioute, Penna.

14. MOTHER'S MAIDEN NAME: Margaret Kiser — BIRTHPLACE: Knob Noster, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Personal Records — ADDRESS

18. CAUSE OF DEATH 4200

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] *that I last saw the deceased alive on* April 27, 1967, *and that death occurred at* [illegible] *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 — (Degree or title): Bannock County Coroner

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: April 29, '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 1, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-4-67

REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy

25. EMBALMER: Jack Henderson

LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1442
Local Reg. No. 117
Reg. Dist. No. 2-11

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 030
a. COUNTY Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ORSON
b. (Middle) ABRAHAM
c. (Last) LAYTON

4. DATE OF DEATH (Month) (Day) (Year) April 24, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 16, 1897
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Downey, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Layton — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Lucilia Smith — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXX
16. SOCIAL SECURITY NO. 518 14 1713A
17. INFORMANT'S OWN SIGNATURE Virna Dixon — ADDRESS Downey, Ida.

18. CAUSE OF DEATH 5020
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cor Pulmonale Heart — INTERVAL BETWEEN ONSET AND DEATH Death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c) Chronic Bronchitis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 march, 1963, *to* 24 April, 1967, *that I last saw the deceased alive on* 24 April, 1967, *and that death occurred at* 10:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 070 (Degree or title)
23b. ADDRESS Downey, Idaho
23c. DATE SIGNED 28 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
24d. LOCATION (City, town, or county) (State) Cambridge, Bannock, Idaho

DATE REC'D BY LOCAL REG. MAY 1 1967
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Conway Grant — LICENSE NO. E478
FIRM NAME Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY . 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1443
Local Reg. No. 114
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 6 WKS. 201
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 374 Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): CARL
b. (Middle): A.
c. (Last): LOWRY

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 29, 1904
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic 08
10b. KIND OF BUSINESS OR INDUSTRY: State Hiway Dept.
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank E. Lowry — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Maude N. Boyer — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-07-1692
17. INFORMANT'S OWN SIGNATURE: Marguerite Lowry — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchogenic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: since 8/1966

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/4/67, 19__ *to* 4/25/67, 19__, *that I last saw the deceased alive on* 4/25/67, 19__, *and that death occurred at* 9:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 356 R. P. Cullerrel M.D.
23b. ADDRESS: P.O.Box 4516, Pocatello, Ida
23c. DATE SIGNED: 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-28-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 5-1-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Grosser
LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 4 1967
MAY 17 1967
AUG 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1444
Local Reg. No. 1/1
Reg. Dist. No. 5-11

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Kansas 17
b. COUNTY Wyandotte 209
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kansas City
d. STREET ADDRESS (If rural, give location) 4170 Cambridge

3. NAME OF DECEASED (Type or Print) a. (First) IRA b. (Middle) A. c. (Last) DYE

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 11, 1887
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist 10
10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.
11. BIRTHPLACE (State or foreign country) Denver, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Andrew J. Dye
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Alice Owens
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Conway Grant / Personal Papers - Pocatello ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 4281 — INTERVAL BETWEEN ONSET AND DEATH 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* — , 19 , *to* — , 19 , *that I last saw the deceased alive on* 4-27, 1967, *and that death occurred at* 11:P m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Burton Hahn (Degree or title) Coroner
23b. ADDRESS Bannock Co. Idaho.
23c. DATE SIGNED 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Apr. 28, 1967
24c. NAME OF CEMETERY OR CREMATORY Simmons Funeral Home
24d. LOCATION (City, town, or county) Kansas City, Kansas (State)

DATE REC'D BY LOCAL REG. MAY 1 1967
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Conway Grant LICENSE NO. E476
FIRM NAME: Canning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1445
Local Reg. No. 122
Reg. Dist. No. 511

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony's Mercy Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
d. STREET ADDRESS (If rural, give location): North and East of Springfield

3. NAME OF DECEASED (Type or Print): a. (First) Howard; b. (Middle) Sam 019; c. (Last) Wynn

4. DATE OF DEATH: (Month) April (Day) 28, (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 5, 1901
9. AGE (In years last birthday): 65 IF UNDER 1 YEAR Months: 5 Days: 23 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Dewey County, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jake Wynn — BIRTHPLACE: Rock Island, Illinois
14. MOTHER'S MAIDEN NAME: Christy Betty — BIRTHPLACE: Crestline, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-22-2097
17. INFORMANT'S OWN SIGNATURE: Ingrid Wynn — ADDRESS: Springfield

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the prostate — INTERVAL BETWEEN ONSET AND DEATH: several yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — several yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 26, 1962, *to* Apr. 28, 1967, *that I last saw the deceased alive on* April 28, 1967, *and that death occurred at* 8:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Comstock, (Degree or title) M.D.
23b. ADDRESS: Kasiska Building Pocatello, Idaho Box 852
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-2-67
24c. NAME OF CEMETERY OR CREMATORY: Springfield Cemetery
24d. LOCATION (City, town, or county) (State): Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG.: 5-11-67
REGISTRAR'S SIGNATURE: Maureen Schalske, Deputy
25. EMBALMER: Howard Packham — LICENSE NO.: E-338
FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 22 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1446
Local Reg. No. 727
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LIMITS OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 525 Lilac Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): MELFORD
b. (Middle): GENE 018
c. (Last): GREGG

4. DATE OF DEATH (Month) (Day) (Year): April 28 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 14, 1924
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Auto Body Repairman 21
10b. KIND OF BUSINESS OR INDUSTRY: Automobiles
11. BIRTHPLACE (State or foreign country): Bradner Ohio
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Paul Gregg — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Constance Riley — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 517-22-4657
17. INFORMANT'S OWN SIGNATURE: Genevieve Gregg — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): PNEUMONIA, INVOLVEMENT OF ALL SEGMENTS OF BOTH LOBES — INTERVAL BETWEEN ONSET AND DEATH: 1 WEEK

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF ~~OPERATION~~ AUTOPSY: AS ABOVE
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 APRIL, 19 67, *to* April 28, 1967, *that I last saw the deceased alive on* April 28, 19 67, *and that death occurred at* 3:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. R. Hearne 220 W. R. HEARNE, MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: May 1, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello (State): Idaho

DATE REC'D BY LOCAL REG.: 5-5-67
REGISTRAR'S SIGNATURE: Maureen Schelske Deputy
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1447
Local Reg. No. 125
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF HOSPITAL (If this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): ROSA
b. (Middle): L. 018
c. (Last): LENEY

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 9, 1877
9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Pile
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Eliza Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Bernice Pidcock
ADDRESS: Inkom, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease w/ congestive failure

INTERVAL BETWEEN ONSET AND DEATH: few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/26/67, 19__, *to* 4-30, 1967, *that I last saw the deceased alive on* 4/29/67, 19__, *and that death occurred at* 3 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Ullerrell MD 356
23b. ADDRESS: Box 4516, Pocatello, Ida.
23c. DATE SIGNED: 5/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-3-67
24c. NAME OF CEMETERY OR CREMATORY: Inkom Cem.
24d. LOCATION (City, town, or county) (State): Inkom, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Maureen Schelske Deputy
25. EMBALMER: John P. Gossman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1448
Local Reg. No. 124
Reg. Dist. No. 510

RECEIVED MAY 1 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031 b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 227 Fairbanks

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
GUY	C.	NELSON	April 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 16, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Police Officer 08	Police Dept.	Hyrum, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Nicoli Nelson	Norway	Lucinda Beckstead	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs. Al T. Kuta	Pocatello, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cancer of Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1958, 19___, *to* Apr 30, 19 67, *that I last saw the deceased alive on* Apr 30, 19 67, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
248 [illegible] Pocatello		5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 3, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-4-67	Maureen Schelske, Deputy	Conway Grant	E-978

FIRM NAME: Fanning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1449
Local Reg. No. 12
Reg. Dist. No. 570

BIRTH NO.

RECEIVED MAY 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03 — 680
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Union Pacific R.R. Roundhouse

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Johnny Creek Road

3. NAME OF DECEASED (Type or Print)
a. (First): NORRIS
b. (Middle): JOHN 800
c. (Last): WEEKS

4. DATE OF DEATH (Month) April (Day) 30, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 21, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pipefitter & Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: John Weeks 2 — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Ida Smith — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 519-07-1459
17. INFORMANT'S OWN SIGNATURE: Midge S. Weeks — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify* ~~that I attended the deceased from xxxxxxxxxxxxx, 19xxx to xxxxxxxxxxxx, 19xxx, that I last saw the deceased alive on xxxxxxxxxxxx, 19xxx and~~ *that death occurred at* 4:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE: 583 Martin John — (Degree or title): Bannock 4 County Coroner, Pocatello, Idaho
23b. ADDRESS:
23c. DATE SIGNED: May 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county): Pocatello — (State): Idaho

DATE REC'D BY LOCAL REG.: 5-5-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Jack Henderson — LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 29 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 18 1967

APR 18 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1450
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. 040

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Ida
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Charles Idaho.
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Chauncey
b. (Middle) 024
c. (Last) Wilkes

4. DATE OF DEATH (Month) (Day) (Year) Apr. 13, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Feb. 27 1895
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Operator for Utah Power & Light
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. Charles Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Wilkes — BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Jacobina Hemmerett — BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) World War I
16. SOCIAL SECURITY NO. 519-03-7168
17. INFORMANT'S OWN SIGNATURE Mrs. Chauncey Wilkes — ADDRESS St. Charles Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart Failure — 2 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-15, 1967, *to* 4-13, 1967, *that I last saw the deceased alive on* 4-12, 1967, *and that death occurred at* 8:56 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul O. Davies (Degree or title) M.D.
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY St. Charles Cemetery
24d. LOCATION (City, town, or county) (State) St. Charles, Idaho

DATE REC'D BY LOCAL REG. 4-20-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1451
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAY 12 1967

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier, Idaho
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier
d. STREET ADDRESS (If rural, give location) 817 Grant

3. NAME OF DECEASED (Type or Print)
a. (First) Clifford
b. (Middle) Ray 024
c. (Last) Jensen

4. DATE OF DEATH (Month) (Day) (Year) April 30, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH April 1, 1912
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor, U.P. Rail Road
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ovid, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Asa Ray Jensen — BIRTHPLACE Ovid, Idaho
14. MOTHER'S MAIDEN NAME Venice Johnson — BIRTHPLACE Ovid, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) 4201
16. SOCIAL SECURITY NO. 519-14-9472
17. INFORMANT'S OWN SIGNATURE Mrs Alice Jensen — ADDRESS Montpelier Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Arteriosclerosis — 5 yrs
DUE TO (c) Obesity, exogenous

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1967, *to* April, 1967, *that I last saw the deceased alive on* April 1967, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 458 (Degree or title)
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 5/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY Ovid Cemetery
24d. LOCATION (City, town, or county) Ovid (State) Idaho

DATE REC'D BY LOCAL REG. 5-10-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1452
Local Reg. No. 14
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED APR 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 050
a. COUNTY Benewah 4-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 5 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emida
d. STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print)
a. (First) Marcella
b. (Middle) Mae
c. (Last) Guhlke

4. DATE OF DEATH (Month) (Day) (Year) April 3, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH January 5, 1916
9. AGE (In years last birthday) 51 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Domestic
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Arthur Vens — BIRTHPLACE Belgium
14. MOTHER'S MAIDEN NAME Zelda Harrison — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 538-16-6762
17. INFORMANT'S OWN SIGNATURE Henry A. Guhlke — ADDRESS Emida, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 8 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1967, *to* 4-3, 1967, *that I last saw the deceased alive on* 4-3, 1967, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 428 Bergen A. Rapp M.D. (Degree or title)
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/6/1967
24c. NAME OF CEMETERY OR CREMATORY Rockford Cemetery
24d. LOCATION (City, town, or county) Rockford (State) Washington

DATE REC'D BY LOCAL REG. 4-5-67
REGISTRAR'S SIGNATURE Wanda Dimico
25. EMBALMER Gerald Browning
LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1453
Local Reg. No. 18
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 050
a. COUNTY Benewah 3416
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) St. Maries
c. LENGTH OF (in this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 408 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Carl
b. (Middle) Axel 025
c. (Last) Peterson

4. DATE OF DEATH (Month) April (Day) 30 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 16, 1888
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpentry 21
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME No Information — BIRTHPLACE
14. MOTHER'S MAIDEN NAME No Information — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-03-8637
17. INFORMANT'S OWN SIGNATURE Mrs. Gerda Peterson — ADDRESS St. Maries

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation — 3 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Apr, 1967, *to* 30 Apr, 1967, *that I last saw the deceased alive on* Apr 30th, 1967, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE B. A. Rapp M.D. 428 (Degree or title)
23b. ADDRESS St. Maries Idaho
23c. DATE SIGNED 5-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries Idaho (State)

DATE REC'D BY LOCAL REG. 5-11-67
REGISTRAR'S SIGNATURE Nanda Dimico
25. EMBALMER Gerald E Browning
LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED
STATE OF IDAHO

State File No. 1454
Local Reg. No. 32
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 061 Bingham
APR 12 1967
Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY IN THIS PLACE: 12 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Moreland

3. NAME OF DECEASED (Type or Print): a. (First) Ellen b. (Middle) Eliza 029 c. (Last) Cooper

4. DATE OF DEATH: (Month) April (Day) 2, (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: July 8, 1886

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 8, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife & Clerk 01

10b. KIND OF BUSINESS OR INDUSTRY: Home & Merc. Store

11. BIRTHPLACE (State or foreign country): St. Johns, Arizona

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Robert Nelson Watts — Council Bluffs, Iowa

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Agnes Ellen Thorpe — Sutton-in-Ashfield Nottingham, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-7211

17. INFORMANT'S OWN SIGNATURE: John C. Cooper — ADDRESS: Moreland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 585X Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Cholecystitis — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE George Hales, M.D. (Degree or title)
4-3-67
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-5-67
24c. NAME OF CEMETERY OR CREMATORY: Moreland Cemetery
24d. LOCATION (City, town, or county) (State): Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.: April 5, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham
LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1455
Local Reg. No. 44
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 061
a. COUNTY: Bingham 1-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 10yr2mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 594

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1201 Hayes

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle): D.
c. (Last): BRUCE

4. DATE OF DEATH (Month) (Day) (Year): April 6 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 13 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Robert Hamilton Dunlap — BIRTHPLACE: Pa.
14. MOTHER'S MAIDEN NAME: Ada Pierce — BIRTHPLACE: Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE Mary Payne ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* 491X
(a) Acute bronchopneumonia - 2 wks.
Acute gastroenteritis - 3 days
ANTECEDENT CAUSES — Electrolyte imbalance - 2 1/2 months
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Marked debility and senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — Years
Conditions contributing to the death but not related to the disease or condition causing death. Urinary tract infection. Chronic pyelonephritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to* 6 April, 19 67, *that I last saw the deceased alive on* 6 April, 19 67, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE C. Stillinger MD 594 (Degree or title)
23b. ADDRESS: State Hospital South, Blackfoot, Idaho
23c. DATE SIGNED: 7 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1967
REGISTRAR'S SIGNATURE: Jack W. Jelke
25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service
Form DH-63021 D.R.
FIRM NAME: For Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1456
Local Reg. No. 40
Reg. Dist. No. 600

RECEIVED
APR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 061 3-01
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): 029
c. (Last): MOODY

4. DATE OF DEATH (Month) (Day) (Year): April 6 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: January 27, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Osh Kosh, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles E. Angell — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Carrie M. Fox — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-28-9230
17. INFORMANT'S OWN SIGNATURE: Mary B. Kimball — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH 6000
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pyelitis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ulcer, gastro-intestinal, bleeding — 1 day.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Apr, 1967, *to* April 6, 1967, *that I last saw the deceased alive on* April 6, 1967, *and that death occurred at* 9:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 234 Walter G. Hoge (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: April 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside -Thomas cemetery
24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1967
REGISTRAR'S SIGNATURE: Jack B. Jelke D.R.
25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1457
Local Reg. No. 38
Reg. Dist. No. 600

RECEIVED APR 20 1967 Division of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 061 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Y Motel 1375 S. Broadway

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 06
b. COUNTY: Bingham
c. CITY (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Y Motel, 1375 So. Broadway

3. NAME OF DECEASED (Type or Print): a. (First) Hans b. (Middle) C. c. (Last) Christensen

4. DATE OF DEATH: (Month) April (Day) 7, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Nov. 30, 1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Own Farm

11. BIRTHPLACE (State or foreign country): Soda Springs, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Neils Christensen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Lena Hansen — BIRTHPLACE: Soda Springs, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no

16. SOCIAL SECURITY NO.: 519-10-2703-A

17. INFORMANT'S OWN SIGNATURE: Helen C. Keeler — ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 60, *to* Death, 19 ____, *that I last saw the deceased alive on* 4-3, 19 67, *and that death occurred at* about 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ralph Coates 183 — (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: 4-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-11-67

24c. NAME OF CEMETERY OR CREMATORY: Riverside- Thomas Cem.

24d. LOCATION (City, town, or county) (State): Blackfoot, Rt. #2, Idaho

DATE REC'D BY LOCAL REG.: 4-17-67

REGISTRAR'S SIGNATURE: Dorothy J. Jones

25. EMBALMER: Howard Packham — LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under it[illegible] inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 24 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1458
Local Reg. No. 36
Reg. Dist. No. 600

BIRTH NO. 67-2174

RECEIVED APR 20 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham 06 4-17

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place): 17 hours.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 060 b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot

d. STREET ADDRESS (If rural, give location): Rt. #3

3. NAME OF DECEASED (Type or Print): a. (First) Anne b. (Middle) c. (Last) Stolworthy

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	March 11, 1967	0	0	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Dean L. Stolworthy BIRTHPLACE: Shelley, Idaho

14. MOTHER'S MAIDEN NAME: Azalia Abbott BIRTHPLACE: Sutherland, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Dean L. Stolworthy ADDRESS: Rt.3 Blf't.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforation of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 17 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Club foot bilateral

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Perforation of Stomach due to congenital absence of muscularis over a large area	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 11, 1967, *to* April 8, 1967, *that I last saw the deceased alive on* April 8 1967 *and that death occurred at* 8:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	4-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-11-67	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-17-67	Dorothy J. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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0-67-2174

State File No. 1459
Local Reg. No. 40
Reg. Dist. No. 600

RECEIVED
APR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 061
a. COUNTY: Bingham 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): James 029
c. (Last): Petty Jr.

4. DATE OF DEATH (Month) (Day) (Year): April 8 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 3, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Richmond, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Lewis J. Petty Sr. — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Alvira Lavana Hendricks — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 42 9330
17. INFORMANT'S OWN SIGNATURE: Cluff H. Petty — ADDRESS: Swan Lake, Idaho

18. CAUSE OF DEATH 490X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia-Lungs-Bi-lateral-lower lobes. Emphysema-Senile Type-Lungs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Intertrochanteric fracture-right femur.
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION: 4-5-67
19b. MAJOR FINDINGS OF OPERATION: Intertrochanteric fracture-right femur.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1967, *to* April 8, 1967, *that I last saw the deceased alive on* April 8, 1967, *and that death occurred at* 8:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 361 [signature] Jr M.D.
23b. ADDRESS: Blackfoot, Idaho 83221
23c. DATE SIGNED: April 14, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Swan Lake
24d. LOCATION (City, town, or county) (State): Swan Lake Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: O. Sherwin Webb [signature] — LICENSE NO. 316
FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021 DR

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 9 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1460
Local Reg. No. 37
Reg. Dist. No. 601

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 060 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
c. LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4½ mi. NW of Moreland 022

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Rt. #4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	William	Ray	Williams		April	10,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	mafried 3	September 3, 1925	41	7	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Own Farm	Twin Falls, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
6. Leslie Williams		Jennie C. Lindsay	Moreland, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II 4	528-36-3748	Enid Williams	Rt.4, Blackfoot

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe brain damage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Crushed skull
DUE TO (c) Car accident

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) (STATE)
Accident 06	Hiway 26 (Old Arco)	9 Mi. N.W. of Blackfoot, Bingham, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
4-10-67			1:30P. m.		Trailer of approaching vehicle came loose-disengaged drivers trailer, which then crashed into cab of truck

22. *I hereby certify that I attended the deceased from* Did not see him alive, 19—, *that I last saw the deceased alive on* ____, 19—, *and that death occurred at* 1:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Slater 583	Coroner 4	321 E. Walker Blackfoot, Idaho	4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-14-67	Riverside-Thomas Cemetery	Rt.#4 Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-17-67	Dorothy Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 20 1967
APR 24 1967
MAY 8 1967
MAR 22 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1461
Local Reg. No. 43
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 1-50
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1280 South Broadway 607

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1280 South Broadway

3. NAME OF DECEASED (Type or Print): a. (First) THEODORE b. (Middle) c. (Last) CASEY

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: February 26, 1904

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Susanville, California

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William R. Casey
BIRTHPLACE: Austin, Texas

14. MOTHER'S MAIDEN NAME: Eudora Gwynn
BIRTHPLACE: Smyrna, Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-01-7607

17. INFORMANT'S OWN SIGNATURE: John W Casey
ADDRESS: Ogden, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma 162.1
INTERVAL BETWEEN ONSET AND DEATH: 2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July *19* 65, *to* April 11, *19* 67, *that I last saw the deceased alive on* 10 April, *19* 65, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: 234 Walter L Hoge (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: April 15, 196

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: April 14, 1967

24c. NAME OF CEMETERY OR CREMATORY: Moreland cemetery

24d. LOCATION (City, town, or county) (State): Bingham county Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1967

REGISTRAR'S SIGNATURE: Jack W Yelke

25. EMBALMER: L Dean Hill
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

D.R.

MAY 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1462
Local Reg. No. 10
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ANNA	ALTA	HANSEN HILL	April	11,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced	April 21, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nurses aid 13	Nursing	Guadeloupe, Mexico	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James P. Hansen	Denmark	Alta M. Allred	Garden City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-26-3393	Mrs. Kenneth Christensen	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma of Breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 19 4, *to* April 11, 19 67, *that I last saw the deceased alive on* April 11, 19 67, *and that death occurred at* 7:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 183 M.D.	Blackfoot, Idaho	April 15,67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 13,1967	Riverside-Thomas cemetery	Bingham county, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 25, 1967	[signature] O.R.	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECE

Certificate of Death

STATE OF IDAHO

State File No. 1463
Local Reg. No. 42
Reg. Dist. No. 600

BIRTH NO.

APR 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) ELMER b. (Middle) H. c. (Last) WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: October 3, 1892
9. AGE (In years last birthday): 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Oasis, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Williams Williams — BIRTHPLACE: Deseret, Utah
14. MOTHER'S MAIDEN NAME: Annie M. Rutherford — BIRTHPLACE: Bradford, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 519-42-8960 A
17. INFORMANT'S OWN SIGNATURE: Olga Williams — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* April 13, 19 67, *that I last saw the deceased alive on* April 13, 1967, *and that death occurred at* 10:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Withers 569 — (Degree or title): M.D. — 23b. ADDRESS: Blackfoot, Idaho — 23c. DATE SIGNED: April 17, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: April 17, 67 — 24c. NAME OF CEMETERY OR CREMATORY: Riverside-Thomas cemetery — 24d. LOCATION (City, town, or county) (State): Bingham county, Idaho

DATE REC'D BY LOCAL REG.: Apr 25, 1967 — REGISTRAR'S SIGNATURE: Jack B. Yelke — 25. EMBALMER: L. Deanhill — LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-62021

O.R.

DUTIES:

APR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1464
Local Reg. No. 37
Reg. Dist. No. 600

RECEIVED
APR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 06 2-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
LENGTH OF STAY (in this place): 10mo28days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 594

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2903 Tamarack Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	R.	McGuire	April 14 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	March 19 1876	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 39		Tennessee	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mary Payne	Med. Records-State Hospital South

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary congestion and edema	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Bronchopneumonia	1 1/2 mo.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Electrolyte imbalance Senility and debility	1 1/2 Mo.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May, *19* 66, *to* 14 April, *1967*, *that I last saw the deceased alive on* 14 April, *19*67, *and that death occurred at* 10:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE, (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Kullman MD 594	Box 390 Blackfoot Idaho	4-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4/16/67		Burley Cassia, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 20, 19 67	Frank B Felke	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-6021 O. R.

FIRM NAME: Howard Packham Mortuary

MAY 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1465
Local Reg. No. 478
Reg. Dist. No. 600

RECEIVED

BIRTH NO.

APR 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN: Blackfoot
(If outside corporate limits, write RURAL and give township)
DAYS DEAD (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): EARL
c. (Last): DURRANT

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: September 16, 1898

9. AGE (In years last birthday): 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Franklin, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas W. Durrant
BIRTHPLACE: Franklin, Idaho

14. MOTHER'S MAIDEN NAME: Elizabeth Biggs
BIRTHPLACE: Cove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-20-3093

17. INFORMANT'S OWN SIGNATURE: Mrs Mary Durrant
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aortic Stenosis & Regurgitation

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Rheumatic Heart Disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* March, 1967, *to* April 18, 1967, *that I last saw the deceased alive on* April 18, 1967, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

22a. SIGNATURE: A. M. Withers 569
(Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: April 19, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 22, 1967

24c. NAME OF CEMETERY OR CREMATORY: Franklin cemetery

24d. LOCATION (City, town, or county) (State): Franklin, Idaho

DATE REC'D BY LOCAL REG.: Apr. 24, 1967

REGISTRAR'S SIGNATURE: Jack B Jelke

25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

O.K.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1466
Local Reg. No. 47
Reg. Dist. No. 600

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

APR 27 1967
Bureau of Vital Statistics

061 3-07

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Pingree)
d. STREET ADDRESS (If rural, give location) Box 104

3. NAME OF DECEASED (Type or Print)
a. (First) MARGILL
b. (Middle) SANCHEZ
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) April 20, 1967

5. SEX male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH April 26, 1905
9. AGE (In years last birthday) 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY Repair
11. BIRTHPLACE (State or foreign country) Alice, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Silvano Sanchez — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Abelina Salinas — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 461-14-4558
17. INFORMANT'S OWN SIGNATURE Gilberto Sanchez — ADDRESS Alamogordo, N.M.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Kidney — INTERVAL BETWEEN ONSET AND DEATH 8 mos.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

180X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* April 20, 1967, *that I last saw the deceased alive on* April 20, 1967, *and that death occurred at* 1:50p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Ralph G Goate 183 (Degree or title) M.D.
23b. ADDRESS Blackfoot, Idaho
23c. DATE SIGNED April 24,67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE April 24,67
24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas cemetery
24d. LOCATION (City, town, or county) (State) Bingham county, Idaho

DATE REC'D BY LOCAL REG. Apr 24, 1967
REGISTRAR'S SIGNATURE Jack A Jelke
25. EMBALMER E. Dean Hill — LICENSE NO. E-466

Federal Security Agency
United States Public Health Service
Form DH-63021 D.R.
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. MAY 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1467
Local Reg. No. 78
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAY 4 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham 001
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY IN (this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Rt. #2

3. NAME OF DECEASED (Type or Print) a. (First) Mark b. (Middle) [illegible] c. (Last) Jackson

4. DATE OF DEATH (Month) (Day) (Year) April 21, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Oct. 17, 1880

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY own farm

11. BIRTHPLACE (State or foreign country) Almy, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Mark Jackson BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Harriet Stacy Bamford BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-46-4082

17. INFORMANT'S OWN SIGNATURE Marcia A. Jackson ADDRESS Rt. #2

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fibro plasia of the bone marrow — INTERVAL BETWEEN ONSET AND DEATH 6 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. I hereby certify that I attended the deceased from Nov — , 1966, to April 21, 1967, that I last saw the deceased alive on 4-20, 1967, and that death occurred at 12:40 A.m., from the causes and on the date stated above.

23a. SIGNATURE [signature] 403 (Degree or title) M.D.

23b. ADDRESS 625 W. Pacific Blackfoot, Idaho

23c. DATE SIGNED 4-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-24-67

24c. NAME OF CEMETERY OR CREMATORY Riverside-Thomas Cemetery

24d. LOCATION (City, town, or county) (State) Blackfoot Rt.#4, Bingham Ida

DATE REC'D BY LOCAL REG. April 28, 1967

REGISTRAR'S SIGNATURE [signature] D.R.

25. EMBALMER Howard Packham LICENSE NO. E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1468
Local Reg. No. 57
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 061
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 327 Idaho Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) MABELLE b. (Middle) BARBARA c. (Last) FOULKES

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: F. M.
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 26, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Educator 13
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Anoka, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John McFaters. BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Mary Jane Smith. BIRTHPLACE: Minneapolis, Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 520-10-9316A
17. INFORMANT'S OWN SIGNATURE: Barbara Arnell ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arterio sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 5 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. osteo arthritis 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1966, to April 21, 1967, that I last saw the deceased alive on April 21, 1967, and that death occurred at 7:50P m., from the causes and on the date stated above.*

23a. SIGNATURE 404 (Degree or title): Merrill Packer M. D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 25 APR 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 24 APR 1967
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: May 2, 1967
REGISTRAR'S SIGNATURE: Jack B. Jelke D.R.
25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 21 APR67

ADDITIONAL REMARKS by Physician

State File No. 1469
Local Reg. No. 49
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 06
a. COUNTY Bingham
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 9mo 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital South 594

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 1115 East Lander Street

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) E.
c. (Last) KEATING

4. DATE OF DEATH (Month) (Day) (Year) April 22 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 21 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10
10b. KIND OF BUSINESS OR INDUSTRY R.R. Employee
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert Keating — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Mary E. Early — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 517 05 6202
17. INFORMANT'S OWN SIGNATURE Mary Payne ADDRESS Medical Records-State Hospital South

18. CAUSE OF DEATH 5410
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bleeding duodenal ulcer, recurrence(chronic) = 2 days — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis & debility — Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 July, 1966, *to* 22 April, 1967, *that I last saw the deceased alive on* 22 April 1967, *and that death occurred at* 5 p *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 594 (Degree or title)
23b. ADDRESS State Hospital South Blackfoot, Idaho
23c. DATE SIGNED 26 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 22 Apr 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cem.
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. May 2, 1967
REGISTRAR'S SIGNATURE [signature] D.R.
25. EMBALMER George W Knoff
LICENSE NO. 409
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 2 9 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1470
Local Reg. No. 50
Reg. Dist. No. 600

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

061 1-48

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1065 Walker St. 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1065 Walker St.

3. NAME OF DECEASED (Type or Print)
a. (First): VICTORIA
b. (Middle): GILES
c. (Last): HORROCKS

4. DATE OF DEATH (Month) (Day) (Year): April 25 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 24, 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Heber City, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lorenzo C. Giles — BIRTHPLACE: Quincy, Illinois
14. MOTHER'S MAIDEN NAME: Nancy B. Shelton — BIRTHPLACE: Provo, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-6869
17. INFORMANT'S OWN SIGNATURE: Verl Horrocks — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Colitis — 18 mo.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* April 25, 1967, *that I last saw the deceased alive on* April 25, 1967, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 404 Jim Parker (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: April 26, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county): Blackfoot (State): Idaho

DATE REC'D BY LOCAL REG.: May 1, 1967
REGISTRAR'S SIGNATURE: Jack O. Elke D.R.
25. EMBALMER: E. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 29 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1471
Local Reg. No. 54
Reg. Dist. No. 600

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 061
a. COUNTY Bingham 1-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Firth
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) FRANCIS 029
c. (Last) SULLIVAN

4. DATE OF DEATH (Month) (Day) (Year) April 26, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov. 16, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer & merchant 04
10b. KIND OF BUSINESS OR INDUSTRY self employed
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Thomas F. Sullivan — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mary Sherman — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Lung disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* Apr 26, 1967, *that I last saw the deceased alive on* Apr 28, 1967, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 197 (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Apr. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. May 15 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER [signature]
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

MAY 12 1967

Certificate of Death

STATE OF IDAHO

State File No. 1472
Local Reg. No. 32
Reg. Dist. No. 600

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH (Use Vital Statistics 061)
a. COUNTY: Bingham 1-42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 410 S. Meridian Street 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 410 S. Meridian Street

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) Teresa c. (Last) Manwaring

4. DATE OF DEATH: (Month) April (Day) 27, (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: March 14, 1886

9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months: 1 Days: 13 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker & Clerk 01

10b. KIND OF BUSINESS OR INDUSTRY: Home - Dry Goods

11. BIRTHPLACE (State or foreign country): Mapleton, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Hyrum Holley BIRTHPLACE: Warwickshire, Eng.

14. MOTHER'S MAIDEN NAME: Emma Isaac BIRTHPLACE: Pitston, Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-26-2531

17. INFORMANT'S OWN SIGNATURE: Holley A. Manwaring ADDRESS: Blackfoot

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 6 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Atrial fibrillation — 6 weeks

DUE TO (c) Arteriosclerotic cardiovascular dis. — 10 years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Apr, 1967, *to* 27 Apr, 1967, *that I last saw the deceased alive on* 27 Apr, 1967, *and that death occurred at* 5:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Walter W Hoge (Degree or title): M.D.

23b. ADDRESS: 53 Poplar Street, Blackfoot, Idaho

23c. DATE SIGNED: 2 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-1-67

24c. NAME OF CEMETERY OR CREMATORY: Fielding Memorial Park

24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Ida.

DATE REC'D BY LOCAL REG.: May 5, 1967

REGISTRAR'S SIGNATURE: Jack A Jolley

25. EMBALMER: Howard Packham LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit.ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1473
Local Reg. No. 53
Reg. Dist. No. 600

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bingham 06 | b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot | LENGTH OF STAY (in this place): 1 week | d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Nursing Home 304

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Ida Idaho 06 | b. COUNTY: Bingham | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot | d. STREET ADDRESS (If rural, give location): 570 N. Maple

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anne	Christine	Sage	April 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Sept. 21, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home	Mink Creek, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rasmus Rasmussen	DENMARK	Anne Erickson	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-22-8063	Mrs. LaVern Sage	Blackfoot, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Sclerosis — 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 1960, *to* April 30, 1967, *that I last saw the deceased alive on* April 28, 1967, *and that death occurred at* 8:15A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	625 W. Pacific Blackfoot, Ida.	May 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 3, 1967	Hillcrest Cemetery	Shelley, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 8, 1967	[signature]	Howard Packham	E-338

Federal Security Agency
United States Public Health Service

Form DH-65021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1474
Local Reg. No. 2
Reg. Dist. No. 410

REC

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine 070 APR 1 8 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence Croy St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070 b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location) Croy St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RUGGERRO	S.	SNIDER	April 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced 4	April 20, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DDru Cleaner 2	Claening	Venice, Italy	usa

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Quattrochi	Italy	Marie Pichel	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW 1 3 4201	518-37-7169	Nell L. Snider	Reno, Nev.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Several yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
C-I Hemorrhage - ? Retrol.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 64, 19__, *to* Apr__, 1967, *that I last saw the deceased alive on* March, 1967, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Adam M Brumm MD	Hailey, Idaho	4/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/8/67	Hailey Cemetery	Hailey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 13-1967	Robert H. Wright-per LeBW.	Keith Bird Keith Bird	E-373

FIRM NAME Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 1475
Local Reg. No. 73
Reg. Dist. No. 410

RECEIVED STATE OF IDAHO

BIRTH NO.

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine 070 — APR 1 81967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hosp. 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) PEARL — b. (Middle) BLANCHE — c. (Last) GRAVES

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: Sept. 26, 1898

9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Josh R. Munn — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Catherine Taylor — BIRTHPLACE: Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Virginia Graves — ADDRESS: Sun Valley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 170X Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ulcer Onset — 8 Yr

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 13, 1966, *to* April 67, *that I last saw the deceased alive on* Apr 6, 1967, *and that death occurred at* 5 A m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): 455 Robert H. Wright MD

23b. ADDRESS: Sun Valley, Idaho

23c. DATE SIGNED: April

24a. BURIAL, CREMATION, REMOVAL (Specify): removal

24b. DATE: 4/6/67

24c. NAME OF CEMETERY OR CREMATORY: Mt. Moriah Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: April 13 67

REGISTRAR'S SIGNATURE: Robert H. Wright

25. EMBALMER: Keith Bird — Keith Bird

LICENSE NO.: E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021 per C.B.R.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1476
Local Reg. No. 14
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH 070
a. COUNTY: Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place): 1 day 3-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue Rural
d. STREET ADDRESS (If rural, give location): Rural So. & West

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): TEUSCHER JR.

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 5, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Geneva, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Teuscher — BIRTHPLACE: Paris, Idaho
14. MOTHER'S MAIDEN NAME: Nevada Anderson — BIRTHPLACE: Summit Point, W. Vir

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-4232
17. INFORMANT'S OWN SIGNATURE: Frank J. Teuscher — ADDRESS: Bellevue, Ida

18. CAUSE OF DEATH 492X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute viral pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 15 April 1967, *to* death, 19___, *that I last saw the deceased alive on* 15 April, 1967 *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 151 MD
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 4/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/67
24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery
24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: Apr. 20-67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird [signature] — LICENSE NO.: E 373
FIRM NAME: Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service
Form DH-63021 for C.B.W.

DUTIES:

MAR 5 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided~~ in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1477
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN: Muldoon, Rural
c. IF OUTSIDE CORPORATE LIMITS, WRITE RURAL AND GIVE TOWNSHIP: 002
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA Sun Valley Hospital 030

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN: Rural, Muldoon
d. STREET ADDRESS (If rural, give location): Muldoon

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARY	ELIZABETH	LAIDLAW	April 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	married 3	June 25, 1909	57		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01		Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Barzilla W. Clark	TerreHoute, Ind.	Ethel S. Peck	Lake View, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-56-7511	Fred M Laidlaw	Muldoon, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary infarct (presumed) — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — (3 hours)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 1922, *to* death, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 3:00 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Sun Valley, Idaho	4/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/26/67	Carey Cemetery	Carey, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 2-67	Robert H. Wright	Keith Bird Keith Bird	E. 373

Federal Security Agency
United States Public Health Service

Form DH-63021 Rev 6-63

FIRM NAME: Bird Funeral Home, Hailey, Ida

DUTIES:

MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 27 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 22 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1478
Local Reg. No. 58
Reg. Dist. No. 110

Certificate of Death

RECEIVED
MAY 9 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 091
a. COUNTY Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
LENGTH OF STAY (in this place) years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 414 Euclid

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 091
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 414 Euclid

3. NAME OF DECEASED (Type or Print)
a. (First) Gertrude
b. (Middle) A.
c. (Last) Maxwell

4. DATE OF DEATH (Month) March (Day) 3 (Year) 1967

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH January 28, 1907
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert S. Dawes — BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Loie Ellis — BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-52-7157
17. INFORMANT'S OWN SIGNATURE S.O. Maxwell — ADDRESS

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/27/47, 19__, *to* 3/3/67, 19__, *that I last saw the deceased alive on* 2/28/67, 19__, *and that death occurred at* 4:00p *m., from the causes and on the date stated above.*

23a. SIGNATURE Helen Peterson Md. 415 (Degree or title)
23b. ADDRESS Sandpoint, Idaho
23c. DATE SIGNED 4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Mar. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Restlawn Mem. Park
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. May 5, 1967
REGISTRAR'S SIGNATURE Phyllis G. Tibbetts
25. EMBALMER L. G. Moon, Jr. — LICENSE NO. E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1479
Local Reg. No. 55
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (In hospital or place) 8 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coolin
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) * c. (Last) Hodge

4. DATE OF DEATH (Month) (Day) (Year) March 31 1967

5. SEX Fe
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Aug 3 1874
9. AGE (In years last birthday) 92 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Schaefer — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Josephine Deiner — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 05 2340B
17. INFORMANT'S OWN SIGNATURE Alma D. Salesky — ADDRESS Sandpoint Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 9 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arterio-sclerosis — 15 yrs
DUE TO (c) Generalized arteriosclerosis — 15 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Two prior infarctions within 9 weeks — 9 days + 9 wks.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug. 6, 1966, *to* Mar 31, 1967, *that I last saw the deceased alive on* March 31, 1967, *and that death occurred at* 7:08 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 218 William Hayden M.D. (Degree or title)
23b. ADDRESS Sandpoint
23c. DATE SIGNED 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/3/67
24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery
24d. LOCATION (City, town, or county) (State) Priest River Idaho

DATE REC'D BY LOCAL REG. Apr 27, 1967
REGISTRAR'S SIGNATURE Payne G. Tibbills
25. EMBALMER R. D. Sherman
LICENSE NO. QL749

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sherman Funeral Home, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1480
Local Reg. No. 49
Reg. Dist. No. 110

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kootenai
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Magdalena
b. (Middle): 039
c. (Last): VanCerpen

4. DATE OF DEATH: (Month) April (Day) 2 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 8, 1875
9. AGE (In years last birthday): 91
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Russia
12. CITIZEN OF WHAT COUNTRY?: Germany

13. FATHER'S NAME: John Rueb
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Barbara ----
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Mrs. Donald Hamann
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia / pneumonia / Nephrosis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — 5 years
DUE TO (c): and Kidney Failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10/11 *1961, to* April 2 *1967, that I last saw the deceased alive on* April 2, *1967, and that death occurred at* 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert Iversen (Degree or title): MD
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: April 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Fremont Memorial Park
24d. LOCATION (City, town, or county) (State): Fremont Nebraska

DATE REC'D BY LOCAL REG.: Apr. 1, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr.
LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 9 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1481
Local Reg. No. 52
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (If this place): 12 days 3-12
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Benno
b. (Middle): Thomas Gustav 039
c. (Last): Zemke

4. DATE OF DEATH (Month) (Day) (Year): April 3 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 17, 1882
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ry Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY: Railway
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Unobtainable — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unobtainable — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hubert Zemke — ADDRESS: 1261 Skyline Blvd Reno, Nevada

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION 1538

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Carcinoma of colon — 3 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* pernicious anemia — 1 year

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1961, *to* 4-3, 1967, *that I last saw the deceased alive on* 4-3, 1967, *and that death occurred at* 9:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: B. Mortenau 327 (Degree or title): MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4/5/67
24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 17, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Dale G. Coffelt — LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1482
Local Reg. No. 50
Reg. Dist. No. 110

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 1/2 N. 1st

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 312 1/2 N. 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	Harold	Harford	April	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Dec. 27, 1895	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Pharmacist retired	Self employed	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Harry Harford	California	Louise Rice	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	519-22-9423	X Elmira R. Harford	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction, Severe — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Thrombosis, recurrent — 9 wks
DUE TO (c) Coronary arteriosclerosis — 18 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan., 1956, *to* Apr 3, 1967, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* 9:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William E. Hayden M.D.	Sandpoint	4/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	April 6, 1967	Moon Crematory	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 13, 1967	Phyllis M. Villaretta	L. G. Moon, Jr.	Ep405

Federal Security Agency
United States Public Health Service

Form OH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 14 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1483
Local Reg. No. 53
Reg. Dist. No. 110

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09 — MAY 9 1967 — 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
Bureau of Vital Statistics
LENGTH OF STAY IN (this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090 — b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Inez	Delores	Prettyman	April	4	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	July 7, 1904	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	own Home	Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Cottis	Italy	Unobtainable	Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	528-28-0310	Rest Prettyman	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	4 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Myelogenous Leukemia 6 mo	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1966, *to* April, 1967, *that I last saw the deceased alive on* April 4, 1967, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Munson MD	Sandpoint Ida	4-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April 5, 1967	Neil O'Donnell Mortuary	Salt Lake City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 24, 1967	Phyllis Y. Tibbetts	L. C. Moon, Jr.	E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 24 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 3 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 18 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1484
Local Reg. No. 37
Reg. Dist. No. 110

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 | MAY 9 1967 | 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY in this place: 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Albertine Johanna	Crisp	April	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	May 10, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Wiek	Germany	Unobtainable	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Benjamin F Crisp	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senile Arteriosclerosis — years
DUE TO (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* April 5, 1967, *that I last saw the deceased alive on* 4-5-67, 19__, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Virgil G. Smith MD		4/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 8, 1967	Hope	Hope Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 17, 1967	Phyllis Y. Willcutts	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 16 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1485
Local Reg. No. 34
Reg. Dist. No. 110

RECEIVED
MAY 9 1967
Bureau of Vital Statistics

BIRTH NO. 691

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 6 years

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

3. NAME OF DECEASED (Type or Print): a. (First) Orrin b. (Middle) Julius c. (Last) Welch

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 3, 1885
9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Welch
BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Louise Srum
BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 537 18 6986 A
17. INFORMANT'S OWN SIGNATURE: Darrell L. Russell
ADDRESS: N 66 Division Spokane Wash

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 min

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966, *to* _____, 19____, *that I last saw the deceased alive on* April 4, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles [illegible] M.D. (Degree or title)
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 4/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: Apr 24 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: Dale G. Coffee
LICENSE NO.: E-501
FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1486
Local Reg. No. 56
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAY 9 1967 Bureau of Vital Statistics

1-03

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 3 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 902 Alder

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) Olive c. (Last) Durrin

4. DATE OF DEATH: (Month) April (Day) 15 (Year) 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 5
8. DATE OF BIRTH: April 5, 1890
9. AGE (In years last birthday): 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Unobtainable
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unobtainable BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Unobtainable BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-9128D
17. INFORMANT'S OWN SIGNATURE: Mrs. Roy Winn ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerotic Cerebral — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1960 *to* April 1967 *that I last saw the deceased alive on* April 15, 1967, *and that death occurred at* 84 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 382 (Degree or title)
23b. ADDRESS: Sandpoint, Ida
23c. DATE SIGNED: 4-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 27, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. C. Moon, Jr.
LICENSE NO.: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1487
Local Reg. No. 67
Reg. Dist. No. 110

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 010
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Center 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Bonner 4201
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hope
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Fred	Loyd	Page	April	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 26, 1893	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker 21
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: George S. Page
BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Susan Richards
BIRTHPLACE: Kansas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 512-12-0379
17. INFORMANT'S OWN SIGNATURE: Fred L. Page Jr.
ADDRESS: Box 302 Hope, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute
DUE TO (c) Atherosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* none, 19__, *to* none, 19__, *that I last saw the deceased alive on* none 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
382 Munson MD	Sandpoint Ida	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 22, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 19 1967	Phyllis G. Tibbetts	Dale G. Coffee	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1488
Local Reg. No. 60
Reg. Dist. No. 110

Certificate of Death

RECEIVED
MAY 9 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township place): Sandpoint
c. LENGTH OF [illegible]: 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 902 Pine

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle):
c. (Last): Weaver

4. DATE OF DEATH (Month) (Day) (Year): April 18 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 10, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bartender & Tav. Op. 26
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Indiana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Cornelius Weaver — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Emma J. Powell — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-16-2322A
17. INFORMANT'S OWN SIGNATURE: Delbert Weaver — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardiovascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe osteoarthritis — years
Acute urinary tract infection — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/15/66, *19*___, *to* 4/18/67, *19*___, *that I last saw the deceased alive on* 4/13/67, *19*___, *and that death occurred at* 12:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 415 [signature]
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: May 5, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Dale C. Coffelt — LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon uneral ome

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1489
Local Reg. No. 59
Reg. Dist. No. 110

RECEIVED MAY 9 1967 Bureau of Vital Statistics

BIRTH NO. 091 2-08

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 8 most.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sagle
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Jane
c. (Last): Kelley

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 18, 1878

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick Hendrickson
BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Ann ----
BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-60-9934

17. INFORMANT'S OWN SIGNATURE: Florence L Funkhouser
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic cardiovascular renal disease — years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension — years
Chronic decompensation — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/4, 1957, *to* 4/19, 1967, *that I last saw the deceased alive on* 4/13/67, 19___, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert Peterson M.D. 415
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: May 5, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Roberts

25. EMBALMER: Dale C. Coffelt
LICENSE NO.: E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 10 1967

NOV 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1490
Local Reg. No. 37
Reg. Dist. No. 110

BIRTH NO.

RECEIVED MAY 9 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 09 — 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint — Bureau of
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 09 — b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 302 S. 2nd

3. NAME OF DECEASED (Type or Print): a. (First) Myrtle — b. (Middle) Laurel — c. (Last) Lockwood

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 9, 1884

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. R. Branstiter — BIRTHPLACE: Unobtainable

14. MOTHER'S MAIDEN NAME: Emily Horn — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-05-2768 D

17. INFORMANT'S OWN SIGNATURE: Clea Lockwood — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Thrombosis — 5 Mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jul 66, *to* Apr 67, *that I last saw the deceased alive on* Apr 18 19 6 *and that death occurred at* 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] — **23b. ADDRESS**: Sandpoint, Idaho — **23c. DATE SIGNED**: 4-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: April 22, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Pinecrest — **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: Apr. 27, 1967 — **REGISTRAR'S SIGNATURE**: Phyllis M. Gilbertson

25. EMBALMER: L. G. Moon, Jr. — **LICENSE NO.**: E-405

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1491
Local Reg. No. 63
Reg. Dist. No. 110

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09 1-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 19 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Spokane 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): N. 19 Nebraska (Formerly)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandpoint Manor 262

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Hattie	May	Phillips		April	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	5/28/1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	At Home	Seaford, Deleware	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Knox Polk Hill		Sarah Elizabeth Messick	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	George Hill Phillips	Hope, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic cardio-vascular disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic cardiac decompensation — years; Pulmonary edema, recurrent — month

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 30, 1965 *to* April 20, 1967, *that I last saw the deceased alive on* April 9, 1967, *and that death occurred at* 8:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Helmer Peterson M.D.	Sandpoint, Idaho	5/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/24/67	Fairmount Memorial Park	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 8, 1967	Faylene L. Lalette	Dale G. Coffelt	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1492
Local Reg. No. 67
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 9 1967
Bureau of Vital Statistics

BIRTH NO. 09 307

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
DURATION OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Frederick; b. (Middle) William 039; c. (Last) Porath

4. DATE OF DEATH: (Month) April (Day) 22 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 18, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Retired	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Porath	Germany	Emily ------	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI	333-X	Mrs Elizabeth M. Porath	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES: Cerebro-vascular arteriosclerosis — 3 yrs

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Apr 13, 19 67, *to* Apr 22, 19 67, *that I last saw the deceased alive on* Apr 22, 19 67, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles G. Johnson MD	Sandpoint ID	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 25, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 5, 1967	Phyllis J. Roberts	Dale G. Coffelt	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1493
Local Reg. No. 64
Reg. Dist. No. 110

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Bonner 090	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 090 b. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dufort Area 165	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Dufort area
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural 000	d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print) a. (First): Albert	b. (Middle):	c. (Last): Ott	4. DATE OF DEATH (Month) (Day) (Year): Approx April 25, 1967
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1	8. DATE OF BIRTH: Dec. 31, 1877
9. AGE (In years last birthday): 89	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04	10b. KIND OF BUSINESS OR INDUSTRY: Own Farm	11. BIRTHPLACE (State or foreign country): Germany	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John Ott	BIRTHPLACE: Germany	14. MOTHER'S MAIDEN NAME: Unobtainable	BIRTHPLACE: Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 518-46-8546	17. INFORMANT'S OWN SIGNATURE: Herbert Ott	ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Darry D 583 Nelson Coroner 4 (Degree or title)	23b. ADDRESS: Sandpoint, Idaho	23c. DATE SIGNED: 5/18/67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burail 1	24b. DATE: May 2, 1967	24c. NAME OF CEMETERY OR CREMATORY: Seneacquoteen	24d. LOCATION (City, town, or county) (State): Bonner County Idaho
DATE REC'D BY LOCAL REG.: May 15, 1967	REGISTRAR'S SIGNATURE: Phyllis Y. Pilchetts	25. EMBALMER: L. G. Moon, Jr.	LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1494
Local Reg. No. 62
Reg. Dist. No. 110

Certificate of Death

RECEIVED
MAY 9 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 091
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF (If outside this place): 10 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 812 Alder

3. NAME OF DECEASED (Type or Print)
a. (First): Louis
b. (Middle): 039
c. (Last): Villiard

4. DATE OF DEATH (Month) (Day) (Year): April 27 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 5, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsman 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Villiard — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Caroline Wait — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 393 10 9807
17. INFORMANT'S OWN SIGNATURE: x Katie M Villiard — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hemmorhage=(massive) — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Rupture of Base of Mesentory
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Intoxication

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Main Street 04
21c. (CITY, TOWN, OR TOWNSHIP) 091 (COUNTY) (STATE): Sandpoint Bonner Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4- 27 -67 10:30PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Pickup ran into back of parked truck

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Barry D. Nelson 583 Coroner 4
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: May 5 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

FIRM NAME: Moon Funear Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1495
Local Reg. No. 66
Reg. Dist. No. 110

RECEIVED

BIRTH NO. 091

MAY 23 1967

3-07

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner Ceneral Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 090
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Moran Addition

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Linus	Vought	April	29	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	July 7, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 17	Lumber mills	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ed Vought	Wisconsin	Thira Hansin	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-05-2770	X Lloyd Vought	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Gastric Hemorrhage	2 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute Alcoholism	10 days
DUE TO (c)	Chronic alcoholism	10 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Acute Pancreatitis	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-21, 1967, *to* 4-29, 1967, *that I last saw the deceased alive on* 4-29, 1967, *and that death occurred at* 9:35 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Smith 480 MD	Sandpoint, Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 3, 1967	Lakeview	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 15, 1967	Faylis G. Tibbetts	Dale G. Coffey	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1496
Local Reg. No. 84
Reg. Dist. No. 610

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville 118
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 18 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): #2 Green & White Cabins

3. NAME OF DECEASED (Type or Print)
a. (First): LEONZO
b. (Middle): JOE
c. (Last): MARTINEZ

4. DATE OF DEATH (Month) (Day) (Year): March 18, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: May 6, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheepherder 06
10b. KIND OF BUSINESS OR INDUSTRY: livestock
11. BIRTHPLACE (State or foreign country): Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: ?
BIRTHPLACE: ?
14. MOTHER'S MAIDEN NAME: Theresa Valdez
BIRTHPLACE: Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 524-09-5326
17. INFORMANT'S OWN SIGNATURE: X Lucie Martinez
ADDRESS: Walsenburg, Colorado

18. CAUSE OF DEATH 8304
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pulmonary embolis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) crush injury (L) chest — 2 days
~~DUE TO (c)~~ and fractured pelvis — 11

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
chronic alcoholism — ?

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 04 Green & White Cabins
21c. (CITY, TOWN, OR TOWNSHIP) 101 (COUNTY) (STATE): Idaho Falls, Bonn. Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 16 67 12:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: fell under wheel of car.

22. *I hereby certify that I attended the deceased from* Jan, 1966, *to* death, 19__, *that I last saw the deceased alive on* date of death, 19__, *and that death occurred at* 10:15P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 633 (Degree or title): A. Wm Burnett MD
23b. ADDRESS: 825 So Blvd Idaho Falls
23c. DATE SIGNED: 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 10-1967
REGISTRAR'S SIGNATURE: Anna Budgen
25. EMBALMER: R. W. Madland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1497
Local Reg. No. 95
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED APR 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101

a. COUNTY: Bonneville 150

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF (If outside this place): 50 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 100

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): Rt. # 3 Box 188

3. NAME OF DECEASED (Type or Print)

a. (First): JOHN

b. (Middle): MARCUS

c. (Last): HOFF

4. DATE OF DEATH (Month) (Day) (Year): Mar. 23, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Sept. 24, 1897

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Rasmus Hoff — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: Jennie C. Lindahl — BIRTHPLACE: No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): W.W. I 3

16. SOCIAL SECURITY NO.: 518-42-9501A

17. INFORMANT'S OWN SIGNATURE: Onita M. Hoff — ADDRESS: Rt. 3 Bx 188 I.F. Idaho Falls, Idaho

18. CAUSE OF DEATH 4200

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-23, 1955, *to* 3-24, 1967, *that I last saw the deceased alive on* 3-24, 1967, *and that death occurred at* 11:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John S. McMillan 348 (Degree or title) MD

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1

24b. DATE: Mar. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 21-67

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: R. N. Modland

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1498
Local Reg. No. 85
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (If in hospital or institution): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Cotton Road

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCIS
b. (Middle): EDWARD
c. (Last): HERSLEY

4. DATE OF DEATH (Month) (Day) (Year): March 23, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Apr. 1, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernard Hersley — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Helen George — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Frank Hersley — ADDRESS: I.F.

18. CAUSE OF DEATH 5271
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary artery thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema
DUE TO (c) Cor pulmonale

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-12-, 1966, *to* 3-23, 1967, *that I last saw the deceased alive on* 3-23-, 1967, *and that death occurred at* 9.05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): John S McMillan 348 MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 10-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Maddock
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 19 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1499
Local Reg. No. 75
Reg. Dist. No. 610

Certificate of Death

RECEIVED MAY 19 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY: Bonneville 2-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF (In this place): 5 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana 555 27
b. COUNTY: Park
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Livingston
d. STREET ADDRESS (If rural, give location): 214 Chinook

3. NAME OF DECEASED (Type or Print)
a. (First): DELBERT
b. (Middle): ELLIS
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Apr. 1, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harry Williams — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Ethel Myers — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Franzen Mortuary (by phone) — ADDRESS: Livingston, Mont.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9366

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): lung abscess + pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Head injury with damage to frontal, occipital, temporal and cerebellar lobes. — 3 mos.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Fall down stairs
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01 motel
21c. (CITY, TOWN, OR TOWNSHIP): Idaho Falls — (COUNTY): Bonneville — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 1 2 '67 10:35 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Unknown. Pt found at foot of stairs

22. *I hereby certify that I attended the deceased from* 1/2, 1967, *to* 3/29, 1967, *that I last saw the deceased alive on* 3/28, 1967, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 359 (Degree or title)
23b. ADDRESS: 544 - 4th Idaho Falls
23c. DATE SIGNED: 4/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Mar. 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Livingston, Montana

DATE REC'D BY LOCAL REG.: May 10-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Bigelow M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1500
Local Reg. No. 86
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 101

a. COUNTY: Bonneville 1-07

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (If this place): 7 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 2045 Sequoia Dr.

3. NAME OF DECEASED (Type or Print)

a. (First): JANET

b. (Middle): ANN

c. (Last): SWANSON

4. DATE OF DEATH (Month) (Day) (Year): March 29, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: July 7, 1951

9. AGE (In years last birthday): 15 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03

10b. KIND OF BUSINESS OR INDUSTRY: public schools

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter M. Swanson — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Virginia Dolly — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Walter M. Swanson Jr — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basilar artery thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Postoperative Appendectomy

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

625X

19a. DATE OF OPERATION: 3-23-67

19b. MAJOR FINDINGS OF OPERATION: Ruptured corpus luteum cyst

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-17, 1967, *to* 3/29, 1967, *that I last saw the deceased alive on* 3/29, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 546 (Degree or title): [signature] M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 4/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 1, 1967

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 10-1967

REGISTRAR'S SIGNATURE: Anna Burgess

25. EMBALMER: [signature]

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1501
Local Reg. No. 96
Reg. Dist. No. 610

Certificate of Death

RECEIVED
APR 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF (If outside place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2825 Fieldstream Lane 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 2825 Fieldstream Lane

3. NAME OF DECEASED (Type or Print)
a. (First): LINDELL
b. (Middle): CLARK
c. (Last): DARRAH

4. DATE OF DEATH (Month) (Day) (Year): April 1 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 29, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self-emplived
11. BIRTHPLACE (State or foreign country): Pittsfield, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: Orion Linclon Darrah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Jane Roff

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.: 519-22-8218A
17. INFORMANT'S OWN SIGNATURE: Norma Darrah — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): with coronary insufficiency
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 17, 1966, *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 2:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. K. Krantz, M.D. 294
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: Apr. 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: April 21-1967
REGISTRAR'S SIGNATURE: Anna Biedges
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1502
Local Reg. No. 83
Reg. Dist. No. 610

RECEIVED
APR 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1266 First Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1266 First Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	Robert	Andrews	April	1	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 3, 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager 26	J.C. Penney Co.	Baker, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Andrews	Canada	Augusta Berntson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		543 10 5229	Myrtle Andrews	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) & probable acute myocardial
DUE TO (c) infarction

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
018 D. H. Baker Md	Idaho Falls Ida.	4/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/6/67	Brigham City Cemetery	Brigham City Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 7-1967	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1503
Local Reg. No. 87
Reg. Dist. No. 610

BIRTH NO. 101

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN THIS PLACE: 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 159 W. Main Street.

3. NAME OF DECEASED (Type or Print): a. (First) ZENIA b. (Middle) [illegible] c. (Last) COLES

4. DATE OF DEATH: (Month) Apr. (Day) 1, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 17, 1896

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Winona, Minn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: ? BECKER BIRTHPLACE: ?

14. MOTHER'S MAIDEN NAME: CARRIE BIRTHPLACE: ?

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): NVne

16. SOCIAL SECURITY NO. 550-09-5092

17. INFORMANT'S OWN SIGNATURE: Mrs C C Cressy ADDRESS: Santa Monica, Cal

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage, Subarachnoid — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio-sclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4200

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 28 mar, 1964, *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 4:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lloyd Tall (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: Apr. 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Aultorest
24d. LOCATION (City, town, or county) (State): Ogden Weber Utah

DATE REC'D BY LOCAL REG.: April 10 1967
REGISTRAR'S SIGNATURE: Anna Budge

25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho.
Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED Bureau of Vital Statistics APR 24 1967

State File No. 1504
Local Reg. No. 89
Reg. Dist. No. 610

BIRTH NO. 101 4-02

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 2 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	TAMMY	LANN	MONROE	April 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	Apr. 1, 1967				2	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	Child	Idaho Falls	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Wade MOnroe	Ririe, Ida.	Judy Irene Burton	Idaho American Falls

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	NOne	Wade Monroe	Ririe, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity with marked immaturity — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1 Apr 67, 19___, *to* 1 Apr, 19 67, *that I last saw the deceased alive on* 1 Apr, 19 67, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mel N Davis MD 133	M.D.	Idaho Falls, Idaho.	7 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 3, 1967	Ririe-Shelton	Shelton Bonneville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 4-1967	Emma Rudger	Bruce A. Eckersell	Rigby, Ida.

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: 0-67-3306

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on Apr. 1, 1967

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1505
Local Reg. No. 98
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
APR 26 1967
Vital Statistics
Bureau of Health

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place): 22hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saint Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Robert	Allen	Brewington	April	1	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	June 27, 1912	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer retired 66
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Eaton Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert N. Brewington — BIRTHPLACE: Labell Mo.,
14. MOTHER'S MAIDEN NAME: Clio May Rogers — BIRTHPLACE: Penn.,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII
16. SOCIAL SECURITY NO.: 519-09-1658
17. INFORMANT'S OWN SIGNATURE: L. N. Brewington — ADDRESS: Firth Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 26, 19 67, *to* April 1, 19 67 *that I last saw the deceased alive on* April 1, 19 67 *and that death occurred at* 10:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE: 339 (Degree or title)
23b. ADDRESS:
23c. DATE SIGNED: 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4 April-1967
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: April 13-1967
REGISTRAR'S SIGNATURE: Vera Bridges

25. EMBALMER: Lloyd M Nalder — LICENSE NO.: 275
FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1506
Local Reg. No. 105
Reg. Dist. No. 610

RECEIVED STATE OF IDAHO
MAY 3 1967
Bureau of Vital Statistics

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Lee c. (Last) Patchin

4. DATE OF DEATH (Month) (Day) (Year) April 3rd 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Dec. 19, 1888
9. AGE (In years last birthday) 78 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Danbury, Iowa
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charley Patchin BIRTHPLACE

14. MOTHER'S MAIDEN NAME Jessie M. Patterson BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. # 518-28-3160

17. INFORMANT'S OWN SIGNATURE E. J. Patchin ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1909

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Melanoma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1954, *to* April 3, 1967, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 4/18 Merrill Petty MD (Degree or title)
23b. ADDRESS Shelley, Idaho
23c. DATE SIGNED 4/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Shelley, Idaho (State)

DATE REC'D BY LOCAL REG. April 22 - 1967
REGISTRAR'S SIGNATURE Irma Bradford
25. EMBALMER
LICENSE NO. E-275
FIRM NAME: Alder Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302

MAR 2 0 2002

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1507
Local Reg. No. 94
Reg. Dist. No. 610

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

1 01 MAY 3 1967 3-04

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4725 Chinden Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): HENRY
c. (Last): DOLAN

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 2, 1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Agricultture
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Dolan — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mae Dilly — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 505-12-4963
17. INFORMANT'S OWN SIGNATURE: G. Lillie Dolan — ADDRESS: Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

447X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral Renal artery Embolism — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombus, Left atrium
DUE TO (c) Hypertensive Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1, 1967, *to* 4-5, 1967 *that I last saw the deceased alive on* 4-5, 1967, *and that death occurred at* 12:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 546 (Degree or title)
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 4/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: Apr. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: April 21-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 5 1967

MAY 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 2 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1508
Local Reg. No. 77
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 26 1967
Bureau of Vital Statistics

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY: Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1485 1/2 W. Broadway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1485 1/2 W. Browdway

3. NAME OF DECEASED (Type or Print)
a. (First): CECIL
b. (Middle): B.
c. (Last): COAN

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Aug. 16, 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sales man, ret. 24
10b. KIND OF BUSINESS OR INDUSTRY: Ins. & stock
11. BIRTHPLACE (State or foreign country): Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Tom Coan — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Annie Holtzclaw — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.: 499-07-9965
17. INFORMANT'S OWN SIGNATURE: x Vivian Wall — ADDRESS: Wichita, Kansas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HEMORRHAGE, MASSIVE, RETROPERITONEAL

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): RUPTURED AORTIC ANEURYSM
DUE TO (c): ARTERIOSCLEROSIS, SEVERE

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: FATTY METAMORPHOSIS OF LIVER, MILD

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NONE
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): BONNEVILLE CO. IDAHO FALLS, IDAHO
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: 342 Hazel L. McGaffey M.D. — NAZED L. MC GAFFEY, M.D. (Degree or title)
23b. ADDRESS: 2525 SOUTH BOULEVARD AVE
23c. DATE SIGNED: 10/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Apr. 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 21 '67
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. M. Maddard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

CORONER

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1509
Local Reg. No. 90
Reg. Dist. No. 610

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho Falls LDS Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony, RFD#1, Idaho Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) LEAH
b. (Middle) FARRIMOND 042
c. (Last) SLACK

4. DATE OF DEATH (Month) (Day) (Year) April 6, 1967

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow 2
8. DATE OF BIRTH April 24, 1876
9. AGE (In years last birthday) 90 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ince, Lancaster, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Farrimond BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Margaret Barton BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Leitable J Slack ADDRESS St. Anthony, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) mesenteric Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1966, *to* April 6, 1967, *that I last saw the deceased alive on* April 5, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Byron T Weeks MD 556 (Degree or title)
23b. ADDRESS 1585 So. Boulevard, Idaho Falls
23c. DATE SIGNED 4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10 April 67
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. April 24-1967
REGISTRAR'S SIGNATURE Anna Budges
25. EMBALMER M D Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1510
Local Reg. No. 98
Reg. Dist. No. 610

BIRTH NO.

RECEIVED
APR 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN (this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 217 2nd Street (007)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville (10)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 217 2nd Street

3. NAME OF DECEASED (Type or Print): a. (First) Hyrum; b. (Middle) Ray; c. (Last) Nielsen

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)
8. DATE OF BIRTH: March 8, 1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Coltman, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA
13. FATHER'S NAME: Hyrum Nielsen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Garnett Helm — BIRTHPLACE: Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1577 Cancer of the Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19-66, 19___, *to* 4-7-67, 19___, *that I last saw the deceased alive on* 3-27-67, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: 210 John S Hales (Degree or title) M D
23b. ADDRESS: 825 S. Blvd., Idaho Falls
23c. DATE SIGNED: 4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/10/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 20-1967
REGISTRAR'S SIGNATURE: Irma Burgess

25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1511
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1150 Sage Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Howard
b. (Middle): W
c. (Last): Young

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb 2, 1880
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months 2, Days 6 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroader 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Orderville, Utah
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Lorenzo Sabraski Young — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Sara Imogene Black — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Howard T Young — ADDRESS: Kaysville Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2nd Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) 1st cerebrovascular accident 23 March — 67 – 10 Days
DUE TO (c) Arteriosclerotic heart Disease — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* arteriosclerosis — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 March, 1967, *to* 1 April, 1967, *that I last saw the deceased alive on* 1 April, 1967, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 211 (Degree or title): Joseph M. Hatch MD
23b. ADDRESS: Idaho Falls Idaho
23c. DATE SIGNED: 12 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur 2
24b. DATE: 4-11-67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: W. W. Benson
25. EMBALMER: Leo A Williams — LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No.
Local Reg. No. 42
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: BONNEVILLE — MAR 14 1968 — Bureau of Vital Statistics

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS — LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: IDAHO — b. COUNTY: BONNEVILLE

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): IDAHO FALLS

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HOWARD	W.	YOUNG	April 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	2 Feb. 1880.	87	2	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired		Orderville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lorenzo S. Young		Sara I. Black	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Howard W. Young	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Heart Disease — 4 years.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Changes incident to age

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvey G. Hatch M.D.	Idaho Falls, Idaho	Report March 4, 1968

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	11 April 67	Hillcrest Cemetery	Shelley, Idaho

DATE REC'D BY LOCAL REGR.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
March 7-68	Emma Bridges	Geo A. Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1512
Local Reg. No. 91
Reg. Dist. No. 610

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) (002)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 758 Skyline Drive (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville (10)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 758 Skyline Drive

3. NAME OF DECEASED (Type or Print): a. (First) Perry; b. (Middle); c. (Last) Dirham (Durham)

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: December 7, 1880

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer (04)

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Hosikiah Dirham — BIRTHPLACE: USA

14. MOTHER'S MAIDEN NAME: Adaline Chase — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Mrs. D. A. Durham — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage (Stroke) 3331X — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arthritis, Osteo — 5 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1967, *to* April 8, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, 522 (Degree or title) M.D. — **23b. ADDRESS**: Rigby, Idaho — **23c. DATE SIGNED**: 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4/10/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 15-1967 — REGISTRAR'S SIGNATURE: Emma Rudge

25. EMBALMER: Ralph M. Wood Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1513
Local Reg. No. 79
Reg. Dist. No. 610

RECEIVED
APR 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY IN HOSPITAL OR INSTITUTION 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN Ririe
d. STREET ADDRESS 410 - 1st West (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) EFFIE
b. (Middle) (nmi)
c. (Last) DAVIS

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Nov. 13, 1886
9. AGE (In years last birthday) 80 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dan W. Walker
BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Barbara Thorn
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-05-2293A
17. INFORMANT'S OWN SIGNATURE x Nan Williams
ADDRESS Ririe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE W. L. Nielsen, MD 390 (Degree or title)
23b. ADDRESS Idaho Falls
23c. DATE SIGNED 4-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) Idaho Falls, Idaho (State)

DATE REC'D BY LOCAL REG. April 21-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER W. W. Maddux
LICENSE NO. E-468
FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-6302B

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1514
Local Reg. No. 93
Reg. Dist. No. 611

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 100
a. COUNTY: Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Garfield Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle): G.
c. (Last): Stratton

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Sept. 18, 1938
9. AGE (In years last birthday): 29 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman 21
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ronald E. Stratton — BIRTHPLACE: Springville, Utah
14. MOTHER'S MAIDEN NAME: Lois E. Gunnell — BIRTHPLACE: Herbert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 565-50-9215
17. INFORMANT'S OWN SIGNATURE: Ronald Stratton — ADDRESS: Rexburg, Ida

18. CAUSE OF DEATH 8254
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HEAD INJURIES AND SKULL FRACTURE — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): SINGLE CAR AUTOMOBILE ACCIDENT — INSTANT
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: ALCOHOLIC INTOXICATION (BLOOD ALCOHOL=1.88 MG/ML)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): HIWAY #26 WEST OF RIRIE 06
21c. (CITY, TOWN, OR TOWNSHIP): IDAHO FALLS 101 — (COUNTY): BONNEVILLE — (STATE): IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 340 *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hazel L. McGaffey, M.D. — HAZEL L. MC GAFFEY, M.D.
23b. ADDRESS: 2525 SOUTH BOULEVARD
23c. DATE SIGNED: 4/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/12/67
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county): Rexburg — Madison — (State): Idaho

DATE REC'D BY LOCAL REG.: April 15-67
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Kenneth B. Flamm — LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 28 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 25 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician DEAD AT THE SCENE OF THE ACCIDENT

Certificate of Death

STATE OF IDAHO

State File No. 1515
Local Reg. No. 122
Reg. Dist. No. 610

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls (600)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Greenview Chapel 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 124 No. Corner, Ave.

3. NAME OF DECEASED (Type or Print): a. (First) HELEN; b. (Middle) M.; c. (Last) FANNING

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married (1)

8. DATE OF BIRTH: Mar. 24, 1886

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): bookeeper (19)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Fanning — BIRTHPLACE: Ireland

14. MOTHER'S MAIDEN NAME: Kate Coady — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 529-28-1304

17. INFORMANT'S OWN SIGNATURE: X Mary Fanning (1) — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

443 X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic hypertensive arterio-sclerotic heart disease — 5 years

DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-7, 19 63, *to* 3-23, 19 67, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 1:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): X E Blair M.D.

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 10-1967

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: E. W. Buck

LICENSE NO.: E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 14 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1516
Local Reg. No. 106
Reg. Dist. No. 610

BIRTH NO. 101

RECEIVED MAY 3 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 21 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ririe
d. STREET ADDRESS (If rural, give location): 555 2nd East Box 175

3. NAME OF DECEASED (Type or Print): a. (First) Pearl; b. (Middle) A.; c. (Last) White

4. DATE OF DEATH: (Month) April (Day) 11 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: October 8, 1904

9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Basalt, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Aaron Croney — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Josephine Petersen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 561 18 5805

17. INFORMANT'S OWN SIGNATURE: C. W. Whites — ADDRESS: Ririe, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c). 4501

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	pneumonia	1 wk.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	gangrene of st amputation stump	2 wks
DUE TO (c)	Generalized arteriosclerosis obliterans	2 yrs
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic heart disease	4 yrs

19a. DATE OF OPERATION: 3-24-67

19b. MAJOR FINDINGS OF OPERATION: Bilat ischemic necrosis of left thigh amputation stumps

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-20, 1967 *to* 4-11, 1967, *that I last saw the deceased alive on* 4-11, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Warren T. Sutton M.D. — **23b. ADDRESS**: 1555 So Blvd Idaho Falls Ida — **23c. DATE SIGNED**: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 4/14/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Basalt Cemetery — **24d. LOCATION** (City, town, or county) (State): Basalt Bingham County Idaho

DATE REC'D BY LOCAL REG.: April 24 1967 — REGISTRAR'S SIGNATURE: Emma Burgess

25. EMBALMER: Ralph M. Wood Ralph M Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1517
Local Reg. No. 103
Reg. Dist. No. 610

RECEIVED
APR 26 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Los Angeles
d. STREET ADDRESS (If rural, give location): 994 Dexter Street

3. NAME OF DECEASED (Type or Print)
a. (First): RODNEY
b. (Middle): E.
c. (Last): STRATTON

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: June 18, 1942
9. AGE (In years last birthday): 24 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Computer Operater 19
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Ronald E. Stratton — BIRTHPLACE: Springville, Utah
14. MOTHER'S MAIDEN NAME: Lois E. Gunnell — BIRTHPLACE: Herbert, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): 1962-1966 8
16. SOCIAL SECURITY NO.: 519-46-6016
17. INFORMANT'S OWN SIGNATURE: Lois E. Lyon — ADDRESS: California

18. CAUSE OF DEATH 8254
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): brain stem injury — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): bilateral subdural hematomas — 5 days
DUE TO (c): auto accident — 5 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 4-9-67
19b. MAJOR FINDINGS OF OPERATION: bilateral sub dural hematomas
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): ✓
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-9-67 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: auto accident

22. *I hereby certify that I attended the deceased from* 4-9-, 1967, *to* 4-14-, 1967, *that I last saw the deceased alive on* 4-14-, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George L. Barnard MD 027
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/18/67
24c. NAME OF CEMETERY OR CREMATORY: Rexburg
24d. LOCATION (City, town, or county) (State): Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.: April 20-1967
REGISTRAR'S SIGNATURE: Irene C Bredges
25. EMBALMER: Kenneth A. Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 19 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 19 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1518
Local Reg. No. 101
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

APR 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 3-01 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 854 N. Lee

3. NAME OF DECEASED (Type or Print)
a. (First) CHRIS
b. (Middle)
c. (Last) LARSEN

4. DATE OF DEATH (Month) (Day) (Year) Apr. 14, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Apr. 24, 1886
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Denmark
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Larsen — BIRTHPLACE Jerslev, Denmark
14. MOTHER'S MAIDEN NAME Marie Arlsen — BIRTHPLACE Jerslev, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-9680
17. INFORMANT'S OWN SIGNATURE Viola Larsen — ADDRESS Idaho Falls, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-10, 1966, *to* 4-14, 1967, *that I last saw the deceased alive on* 4-13, 1967, *and that death occurred at* 7:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE John S. McMillan 348 (Degree or title) M.D.
23b. ADDRESS Idaho Falls, Idaho.
23c. DATE SIGNED 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY Pioneer
24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. April 21-1967
REGISTRAR'S SIGNATURE Anna Bridges
25. FUNERAL DIRECTOR Bruce A. Eckersell — ADDRESS Rigby, Idaho.
Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho, on 4/14/1967

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 1519
Local Reg. No. 114
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 10 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 104 So. 3rd West St.

3. NAME OF DECEASED (Type or Print) a. (First) ANN b. (Middle) RHODELIA c. (Last) BRAMWELL

4. DATE OF DEATH (Month) (Day) (Year) Apr. 15, 1967

5. SEX F. M.

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 8, 1882

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Ephraim, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Williams BIRTHPLACE Bristol, England

14. MOTHER'S MAIDEN NAME Ann Kristina Anderson BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) X

16. SOCIAL SECURITY NO. 518-09-3195

17. INFORMANT'S OWN SIGNATURE B Glenn Bramwell ADDRESS Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease 11 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1943, *to* 4/15, 1967, *that I last saw the deceased alive on* 4/15, 1967, *and that death occurred at* 6:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE 521 Glenn Tall, (Degree or title) M. D.

23b. ADDRESS Rigby, Idaho

23c. DATE SIGNED 4/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE Apr. 19, 1967

24c. NAME OF CEMETERY OR CREMATORY Pioneer

24d. LOCATION (City, town, or county) (State) Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG. May 1-1967

REGISTRAR'S SIGNATURE Emma Rudges

25. FUNERAL DIRECTOR Bruce A. Eckersell ADDRESS Rigby, Idaho

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 4-15-67

ADDITIONAL REMARKS by Physician

State File No. 1520
Local Reg. No. 107
Reg. Dist. No. 610

Certificate of Death

RECEIVED
MAY 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonniville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saint Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mima
b. (Middle): J 042
c. (Last): Harker

4. DATE OF DEATH (Month) (Day) (Year): April 15 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 9 June 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): South Cottenwood Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Pringle Mcomie — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Jemima Johnston Mc Cleary — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Glen Harker — ADDRESS: Shelley, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 62, *to* 4/15, 1967, *that I last saw the deceased alive on* 4/15, 1967, *and that death occurred at* 2:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE 339 (Degree or title): [signature] MD
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: 4/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 19 April 67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county): Shelley, Bingham (State): Idaho

DATE REC'D BY LOCAL REG.: April 27-67
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: L M Nalder — LICENSE NO.: E275

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Nalder Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1521
Local Reg. No. 108
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1325 Kearney

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Man	Nobles	April 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	colored 2	married 3	6 May 1921	45	11	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06		Fort Worth, Texas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Man Nobles Sr.	Ft. Worth, Tex.	Emma ?	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II	592-X	Mrs William M. Nobles	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) glomerulo-nephritis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic & Severe R. Kidney

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* April 17, 1967, *that I last saw the deceased alive on* April 17, 1967, *and that death occurred at* 2:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ryan L Weeks MD	1585 So Boulevard	4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	19 Apr. 1967	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 24 67	Anna Rodgers	Leo A Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 16 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1522
Local Reg. No. 92
Reg. Dist. No. 610

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO. 101 3-05

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls,
c. LENGTH OF STAY (in this place): 4 1/2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hosp 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260 b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Clark
d. STREET ADDRESS (If rural, give location): Clark

3. NAME OF DECEASED (Type or Print): a. (First) ESTHER b. (Middle) c. (Last) CROFT

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Married 3	Nov. 19, 1915	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	X	Garfield, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Enoch Danielson.	Sweden	Emma Elizabeth Jeffs.	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	X	518-38-7714	Dorothy Utley	Idaho Falls, Ida.

8164

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Severe Cerebral Concussion	5 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fractured skull-depressed	5 days
DUE TO (c)	Fractured left orbit.	5 days
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Fractured left lower arm & lower right leg.	5 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-4-67	Depressed frontal skull fracture extending into left orbit.	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc)	21c. (CITY, TOWN, OR TOWNSHIP) 260 (COUNTY)	(STATE)
Accident	Highway 48 06	Rigby Jefferson	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
April 4, 1967 6:30 P.M.		Car accident- head on collision

22. *I hereby certify that I attended the deceased from* 4 April, 1967, *to* 9 April, 1967, *that I last saw the deceased alive on* 8 April, 1967, *and that death occurred at* 6:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Osael Tall 522	M. D.	Rigby, Idaho	11 Apr. 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 12, 1967	Pioneer	Rigby, Jefferson, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 14-1967	Verna Rudges	A. Beckstead	Rigby, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 9 2013

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1523
Local Reg. No. 100
Reg. Dist. No. 611

RECEIVED APR 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville (10)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
c. LENGTH OF STAY (In this place): 000 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home (00)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (16)
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Iona
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter	Marinus	Frandsen	April	11	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	September 4, 1873	93				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Martin Frandsen	Denmark	Kirsten Petersen	Denamrk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 28 3504	Melvin C Frandsen	Iona, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease ? 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-24, 1965, *to* 7-1, 1965, *that I last saw the deceased alive on* 7-1, 1965, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T. Webb M D	1585 So. Boulevard	4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Burial	4/14/67	Iona Cemetery	Iona	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 21-67	Emma Bridges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 26 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1524
Local Reg. No. 782
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH 10/ 1-12
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): LDS Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 10/ b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 260 Oneida St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	CURRIER	SMART	April 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	Oct. 26, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 08	gov't. service	Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Smart	Wisconsin	Lila Currier	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	516-16-5291A	William L. Smart	Idaho Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* August 1966 *to* death, 19___, *that I last saw the deceased alive on* April 14, 1967, *and that death occurred at* 12:10P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Wm Brumfield 633	MD	Idaho Falls, Idaho	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 18, 1967	Fielding Mem. Park	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 21-1967	Anna Bredyce	Orland C. Buck	E-250

Federal Security Agency
United States Public Health Service
Form DH-6302

FIRM NAME: Buck Funeral Home

DUTIES:

APR 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Bryant M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1525
Local Reg. No. 107
Reg. Dist. No. 60

RECEIVED
APR 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville
b. CITY OR TOWN Idaho Falls
(If outside corporate limits, write township) 600
OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) GreenView Chalet 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) Rt. 1 Rexburg, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MARIA	JENSEN	ANDERSON	April	15,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Oct. 21, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 0
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Manti, Sanpete Co. Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Niels Christian Jensen Lyngsaa Hjorring, BIRTHPLACE Den.
14. MOTHER'S MAIDEN NAME Inger Maria Jensen Volstrup Hjorring BIRTHPLACE Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-6889J1
17. INFORMANT'S OWN SIGNATURE Stanley Henderson ADDRESS Rt.1 Rexburg Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage Lower Bowel — INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

5788

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION None performed
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 Nov., 1966, *to* 15 April, 1967, *that I last saw the deceased alive on* 15 April, 1967, *and that death occurred at* 9:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Asael Hall (Degree or title) M.D.
23b. ADDRESS Rigby, Idaho
23c. DATE SIGNED 19 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/19/67
24c. NAME OF CEMETERY OR CREMATORY Burton
24d. LOCATION (City, town, or county) (State) Burton Madison Idaho

DATE REC'D BY LOCAL REG. April 22-67
REGISTRAR'S SIGNATURE Lenna Badger
25. EMBALMER Russell Flamm
LICENSE NO. E254
FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 18 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1526
Local Reg. No. 107
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville (10) MAY 3 1967
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY in this place: 67 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: 321 11th Street (07)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (10) b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 321 11th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alex	David(Dave)	Hill	April 17 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Married (3)	September 16, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Electrician (2)	Electrical Shop	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wyatt Hill	USA	Ellen Simpkson	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 09 1213	Mrs. Ethel Hill	Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic — Interval between onset and death: 3yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept. 20, 19 65, *to* April 17, 19 67, *that I last saw the deceased alive on* April 17, 19 67, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L. K. Krantz, M.D.	798 South Blvd. Idaho Falls, Idaho	April 26 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/20/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 27 1967	Emma Rudger	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. AUG 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1527
Local Reg. No. 173
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

10/ MAY 3 1967 3-01 Vital Statistics 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1 Box 254

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	L.	Byerly	April 21 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 28, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Byerly	USA	Eliza Armista Hamlin	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 07 2736	Eva L Byerly	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute posterior hypocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* April 21, 1967, *that I last saw the deceased alive on* April 21, 1967, *and that death occurred at* 2:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron T Weeks MD	1585 South Boulevard	4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/24/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 29-1967	Duncan Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63022

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 4 1967

OCT 28 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1528
Local Reg. No. 110
Reg. Dist. No. 610

Certificate of Death

RECEIVED
MAY 3 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 101
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF TOWN (If outside corporate limits, write RURAL and give township): 800
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Hall
d. STREET ADDRESS (If rural, give location): P.O. Box 300

3. NAME OF DECEASED (Type or Print)
a. (First): ROSIE
b. (Middle): 042
c. (Last): PEYOPE

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 1, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Julius Martin — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minnie Thorpe — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Wilford Peyope — ADDRESS:

18. CAUSE OF DEATH 203X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/19, 1967, *to* 4/21, 1967, *that I last saw the deceased alive on* 4/21, 1967, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE 546 (Degree or title): [signature]
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Gibson Cemetery
24d. LOCATION (City, town, or county) (State): Fort Hall, Idaho

DATE REC'D BY LOCAL REG.: April 27-67
REGISTRAR'S SIGNATURE: Laura Bridges
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1529
Local Reg. No. 112
Reg. Dist. No. 610

RECEIVED
MAY 3 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Heber	Joseph	Miller	April 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	April 20, 1885	82	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06		Elsinore, Utah	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Miller	Norway	Isabella Thurston	Council Bluffs, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Clinton H. Coe	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Cirrhosis of Liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Liver with Secondaries

DUE TO (c) Metastasis of Sex Organs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hx per Cushing Gen. Hosp. Louisiana.

INTERVAL BETWEEN ONSET AND DEATH: Indefinite

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑
None		

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		

22. *I hereby certify that I attended the deceased from* 1962, 19 *to* Apr 22 1967, *that I last saw the deceased alive on* Apr 15, 1967, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
352 John O. Medor, MD	Idaho Falls	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem & Bur 3	April 24, 1967	Goshen Cemetery	Bingham County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 29-67	Anna Rudge	Leo A. Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 9 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1530
Local Reg. No. 123
Reg. Dist. No. 610

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAY 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF [illegible] (If outside place): 52 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 3 1/4 mi. West of Idaho Falls

3. NAME OF DECEASED (Type or Print)
a. (First): AMANDA
b. (Middle): (nmi)
c. (Last): ERICKSON

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 19, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ole Norby — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Berthe Olson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-24-0289
17. INFORMANT'S OWN SIGNATURE: Yvona Swanson — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary embolus — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fractured Hip — Twk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 19 65, *to* April 23, 19 67, *that I last saw the deceased alive on* April 23, 19 67, *and that death occurred at* 8:20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 294 L. K. Krantz, M.D.
23b. ADDRESS: 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED: May , 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: New Sweden Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 10-1967
REGISTRAR'S SIGNATURE: Anna Bredges
25. EMBALMER: R. W. Modland
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 1 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 2 2003

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1531
Local Reg. No. 124
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 19 1967

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 56 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 298 - 8th St.

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MARGARET
c. (Last): BENNETT

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug. 17, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Pratt — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Anna Goodrich — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 519-14-4257
17. INFORMANT'S OWN SIGNATURE: x Henry G. Bennett — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Multiple cerebral thromboses
DUE TO (c): Gen. arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:50P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W L Nielsen 390
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 10-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: R. W. Mallard
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 21 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 26 1991

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1532
Local Reg. No. 111
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 3 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 day 3-01
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 805 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): H.
c. (Last): Sayer

4. DATE OF DEATH (Month) (Day) (Year): April 23 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: November 20, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman & Owner 22
10b. KIND OF BUSINESS OR INDUSTRY: Willy's Jeep Sales Co.
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Henry Sayer — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mariam Atkinson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 09 2814A
17. INFORMANT'S OWN SIGNATURE: Warren K. Sayer — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

481X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza — INTERVAL BETWEEN ONSET AND DEATH: days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Emphysema Severe — years

~~DUE TO~~ (c) + Arteriosclerotic Heart disease — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 23 April, 1967, that I last saw the deceased alive on 23 April, 1967, and that death occurred at 5:30 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M. Hatch MD 211
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 25 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: April 27, 67
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 4 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1533
Local Reg. No. 715
Reg. Dist. No. 610

RECEIVED MAY 1 0 1967 Bureau of Vital Statistics

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location): 700 South Park P.O. Box 106

3. NAME OF DECEASED (Type or Print)
a. (First): Sylvia
b. (Middle): 042
c. (Last): Nelson

4. DATE OF DEATH: April 25 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: December 2, 1895

9. AGE (In years last birthday): 71
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Ucon, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Benjamin Ritchie
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Naoma Tracy
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 30 6933A

17. INFORMANT'S OWN SIGNATURE: [signature] Nelson
ADDRESS: Shelley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c): Diabetes + aging

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23-67 *to* 4-25-67, *that I last saw the deceased alive on* 4-25, 19 67, *and that death occurred at* 6:00 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 339 (Degree or title)
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 4/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/28/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 3-1967
REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: Ralph M. Wood [signature]
LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630 21

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1534
Local Reg. No. 126
Reg. Dist. No. 6/6

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 10
b. CITY OR TOWN: Idaho Falls
LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 3108 East Lincoln

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Pearl	Harriet	Gough	April	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	February 16, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Midway, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Clift	Utah	Laura Watkins	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	x Kathleen D. Gough	Westwood, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arterio Sclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: Years.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) With Myocardial Failure
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 23, 19 62, *to* April 26, 19 67, *that I last saw the deceased alive on* April 26 19 67, *and that death occurred at* 11:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. W. Corbett, M.D.	798 South Blvd. Idaho Falls, Idaho	May 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/29/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 22-1967	Emma Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1535
Local Reg. No. 117
Reg. Dist. No. 610

RECEIVED
MAY 1 0 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 101

1. PLACE OF DEATH
a. COUNTY: Bonneville 060
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Katherine
b. (Middle): Allen
c. (Last): Cook

4. DATE OF DEATH (Month) (Day) (Year): April 26 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 21, 1911
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cortez, Nevada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Allen — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Laticia Case — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-32-1693
17. INFORMANT'S OWN SIGNATURE: Alma S. Cook — ADDRESS:

18. CAUSE OF DEATH 5810
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of the liver

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1953, *to* 4-26, 1967, *that I last saw the deceased alive on* 4-26, 1967, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 418 Wendell Petty, MD (Degree or title)
23b. ADDRESS: Shelley, Idaho
23c. DATE SIGNED: 4/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/67
24c. NAME OF CEMETERY OR CREMATORY: Taylor Cemetery
24d. LOCATION (City, town, or county) (State): Taylor Bonneville Idaho

DATE REC'D BY LOCAL REG.: May 4-1967
REGISTRAR'S SIGNATURE: Laura Bridges
25. EMBALMER: Lloyd M. Nalder — L. M. Nalder — LICENSE NO. E275
FIRM NAME: Nalder*s Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1536
Local Reg. No. 176
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls, 600
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shelley, I
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Campbell Green c. (Last) Hamilton

4. DATE OF DEATH (Month) April (Day) 27 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH June 8 1890

9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mill Creek, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Alexander Hamilton BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Margaret Ellen Gordon BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) Non

16. SOCIAL SECURITY NO. 518-46-9190

17. INFORMANT'S OWN SIGNATURE Fern Hamilton ADDRESS Shelley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction

INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-20, 1967 *to* 4-27, 1967, *that I last saw the deceased alive on* 4-27, 1967, *and that death occurred at* 11:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 339 (Degree or title) MD

23b. ADDRESS Shelley Idaho

23c. DATE SIGNED 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 1 May 1967

24c. NAME OF CEMETERY OR CREMATORY Hill Crest

24d. LOCATION (City, town, or county) Shelley, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. May 3-1967

REGISTRAR'S SIGNATURE Irma Rudges

25. EMBALMER Hayden M. Nalder LICENSE NO. E. 275

FIRM NAME: Nalder's Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1967

JUL 8 1983

MAY 08 2015

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1537
Local Reg. No. 179
Reg. Dist. No. 610

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bonneville 101
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson 3-02
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Garfield
d. STREET ADDRESS (If rural, give location) Rte. #1 Rigby

3. NAME OF DECEASED (Type or Print) a. (First) MAGDALENE b. (Middle) c. (Last) GLENN

4. DATE OF DEATH (Month) (Day) (Year) Apr. 27, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Sept. 2, 1874

9. AGE (In years last birthday) 92
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Stone Creek, Ohio.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isaac Whimpey
BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Elizabeth Callaway
BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-60-6479

17. INFORMANT'S OWN SIGNATURE Rte. #1 Cumorah Miller
ADDRESS Rigby, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Aortic aneurism 8227

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 4-26-, 1965, *to* 4-27, 1967, *that I last saw the deceased alive on* 4-27-, 1967, *and that death occurred at* 10:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE John D. McMullin (Degree or title) M.D.

23b. ADDRESS Idaho Falls, Idaho.

23c. DATE SIGNED 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 1, 1967

24c. NAME OF CEMETERY OR CREMATORY Pioneer

24d. LOCATION (City, town, or county) (State) Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG. May 4-1967

REGISTRAR'S SIGNATURE Emma Rudger

25. FUNERAL DIRECTOR Bruce A. Eckersell
ADDRESS Rigby, Idaho.
Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 4/27/1967

ADDITIONAL REMARKS by Physician .....

State File No. 1538
Local Reg. No. 725
Reg. Dist. No. 611

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 1-64
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls Rural
c. LENGTH OF STAY (in this place): 64 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5 mi. west of Idaho Falls 0070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, rural
d. STREET ADDRESS (If rural, give location): 5 mi. West of Idaho Falls

3. NAME OF DECEASED (Type or Print): a. (First) RUSSELL b. (Middle) ANDREW c. (Last) BURKMAN

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Mar. 6, 1903
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Burkman — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Mary Soderholm — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs R A Burkman — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1962 *to* 4-29, 1967, *that I last saw the deceased alive on* 3/27, 1967, *and that death occurred at* 11:40P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 546 (Degree or title) MD
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3-1967
24c. NAME OF CEMETERY OR CREMATORY: New Sweden Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 10-1967
REGISTRAR'S SIGNATURE: Anna Budger
25. EMBALMER: R. W. Modlin
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

SEP 2 2 2000 MAY 1 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 6 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 7 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JAN 1 6 1969

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Valid M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 18 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1539
Local Reg. No. 14-67
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Boundary 110 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
LENGTH OF STAY (in this place) 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Nursing Wing 233

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110 b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Community Restorium

3. NAME OF DECEASED (Type or Print) a. (First) MAMIE b. (Middle) (MARY POLLY) c. (Last) PALMER

4. DATE OF DEATH (Month) (Day) (Year) April 9, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 18, 1884
9. AGE (In years last birthday) 83 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country) Sawyer City, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Marcellus Valentine BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Emma L. Reed BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-05-4863 F2
17. INFORMANT'S OWN SIGNATURE Mary E. Clark ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory failure
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19 63, to 4/9, 19 67, that I last saw the deceased alive on 4/8, 19 67, and that death occurred at 4/9 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) MD
23b. ADDRESS Bonners Ferry Ida
23c. DATE SIGNED 4/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/11/67
24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery
24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. April 13, 1967
REGISTRAR'S SIGNATURE Lucyle Stone
25. EMBALMER
LICENSE NO. E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1540
Local Reg. No. 15-67
Reg. Dist. No. 100

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (If in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): LESLIE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 30, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Hemlock, West Virginia
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME: David Smith — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret Eubank — BIRTHPLACE: Eubank
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 ds

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Cerebral AS — unkn
ASHD — unkn

19a. DATE OF OPERATION: no
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/10, 1967, *to* 4/11, 1967, *that I last saw the deceased alive on* 4/11, 1967, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: 103 F. Loram (Degree or title): MD
23b. ADDRESS: Bonners Ferry
23c. DATE SIGNED: 4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/14/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: April 18, 1967
REGISTRAR'S SIGNATURE: Gwyla Stone
25. EMBALMER: Charles O. Malone
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1541
Local Reg. No. 16-67
Reg. Dist. No. 100

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (In this place): 1½ years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boundary County Nursing Home 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): (NONE)
c. (Last): WELCH

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: July 15, 1860
9. AGE (In years last birthday): 106 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Section Hand 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroading
11. BIRTHPLACE (State or foreign country): Boston, Massachusetts
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 516-20-0615
17. INFORMANT'S OWN SIGNATURE: Benton R. Neer — ADDRESS: Moyie Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis & failure — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis — year
DUE TO (c): Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
old coronary artery dis. & myocardial infarction — 14 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/7, 1966, *to* 4/15, 1967, *that I last saw the deceased alive on* 4/15, 1967, *and that death occurred at* 10:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dawson 150 MD
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4/18/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Pavila Stone
25. EMBALMER: Charles Malone
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1542
Local Reg. No. 17-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY Boundary 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 110
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Boundary County Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) MAY
c. (Last) MERCER

4. DATE OF DEATH (Month) (Day) (Year) April 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 5, 1883
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Homemaking
11. BIRTHPLACE (State or foreign country) Menard County, Illinois
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Thomas A. Brown — BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Lydia Ellen Boyd — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-05-3677-B
17. INFORMANT'S OWN SIGNATURE Donald A. Mercer — ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis — "
DUE TO (c) Senility — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebro vascular accident
Thrombosis left Great Saphenous vein 7 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1966, *to* April 18, 1967, *that I last saw the deceased alive on* 4/17/67, 19__, *and that death occurred at* 3:22 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Frederick Dunoon 150 (Degree or title)
23b. ADDRESS Bonners Ferry Idaho
23c. DATE SIGNED 4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/20/67
24c. NAME OF CEMETERY OR CREMATORY Grandview Cemetery
24d. LOCATION (City, town, or county) Bonners Ferry (State) Idaho

DATE REC'D BY LOCAL REG. 4/22/67
REGISTRAR'S SIGNATURE Freyla Stone
25. EMBALMER Charles A. Malone
LICENSE NO. E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1543
Local Reg. No. 3
Reg. Dist. No. 670

Certificate of Death

STATE OF IDAHO

RECEIVED APR 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH a. COUNTY: Butte 120 3-03	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 120 b. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco	c. LENGTH OF STAY (in this place): 3 days
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moore	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264	d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First) William	b. (Middle) Howard	c. (Last) Bingham	4. DATE OF DEATH (Month) (Day) (Year) April 6, 1967
5. SEX: Male	6. COLOR OR RACE: White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3	8. DATE OF BIRTH: July 1, 1915	9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 37	10b. KIND OF BUSINESS OR INDUSTRY: Construction	11. BIRTHPLACE (State or foreign country): Pocatello, Idaho	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME: William J. Bingham	BIRTHPLACE: Richmond, Utah	14. MOTHER'S MAIDEN NAME: Lillian Adams	BIRTHPLACE: Riverside, Idaho	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.: 519-10-7054	17. INFORMANT'S OWN SIGNATURE: Reela Bingham	ADDRESS: Moore, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary occlusion	10 minutes
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	hypertensive cardiovascular disease	10 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	ruptured duodenal ulcer	1 week

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1967, *to* April 6, 1967, *that I last saw the deceased alive on* April 6, 1967, *and that death occurred at* 7:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Remsen 434 (Degree or title)	23b. ADDRESS: Arco, Idaho	23c. DATE SIGNED: 4/11/67	
24a. BURIAL, CREMATION, REMOVAL (Specify): Burial	24b. DATE: 4-10-67	24c. NAME OF CEMETERY OR CREMATORY: Lost River	24d. LOCATION (City, town, or county) (State): Moore, Idaho
DATE REC'D BY LOCAL REG.: 4-17-67	REGISTRAR'S SIGNATURE: Betty J. Marvel	25. EMBALMER: E. W. Marvel	LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 4 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1544
Local Reg. No. 4
Reg. Dist. No. 670

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Butte 120
b. CITY OR TOWN Arco
LENGTH OF STAY (in this place) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190 b. COUNTY Custer
c. CITY OR TOWN Mackay
d. STREET ADDRESS (If rural, give location)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Steve		Kranovich	4-11-67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	Divorced 4	1-6-1895	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Blacksmith 21	Blacksmithing	Gospic, Yugoslavia	Unknown

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Kronovich -	Yugoslavia	Sally ?	Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		525-07-0414A	Anna Chaffin	Blackfoot, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis, Severe — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* 4-11, 1967, *and that death occurred at* 2:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. D. Barker M.D.	Arco Ida	4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 14, 1967	Mt. McCaleb	Mackay, Custer, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-17-67	Betty J. Marvel	C. W. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1545
Local Reg. No. 5
Reg. Dist. No. 670

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 120 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hosp. 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Glenn
b. (Middle): Watson
c. (Last): Scott

4. DATE OF DEATH (Month) (Day) (Year): 4-12-67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 26, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 21
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Zanesville, Ohio
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William P. Scott — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Florence Grimm — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 279-03-2923
17. INFORMANT'S OWN SIGNATURE: X Russell R Scott — ADDRESS: Arco, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2-3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis, general — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Rheumatoid Arthritis, Severe — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1965, *to* 4-12, 1967, *that I last saw the deceased alive on* 4-12, 1967, *and that death occurred at* 11:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 031 Robert L Barber M.D.
23b. ADDRESS: Arco Ida
23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-15-67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: 4-17-67
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. EMBALMER: C. W. Marvel — LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Memorial Chapel-Arco.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1546
Local Reg. No. 6
Reg. Dist. No. 670

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte (120)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
c. LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 515 Dewey Street (DOA)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (120) b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
d. STREET ADDRESS (If rural, give location): 515 Dewey Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CYRUS	HAWKINS	BAILEY	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 8, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheet metal worker	Construction	Wellsville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Bailey #1	England	Effie Hawkins	American Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		528-09-4550	Robert D Bailey	Arco, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 4201

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 10-15 Min.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* 4-15, 19 67, *and that death occurred at* 3:45a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
03 R D Bailey M	Arco, Ida	4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-19-67	Hillcrest Cemetery	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-17-67	Betty J. Marvel	C. D. Marvel	E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel-Arco

APR 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 12 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 14 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1547
Local Reg. No. 7
Reg. Dist. No. 670

BIRTH NO.

RECEIVED APR 28 1967 Vital Statistics Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco
LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 miles N. of Arco

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco
d. STREET ADDRESS (If rural, give location): 4 miles N. of Arco.

3. NAME OF DECEASED (Type or Print)
a. (First): Jill
b. (Middle):
c. (Last): Phillips

4. DATE OF DEATH: (Month) (Day) (Year): April 18, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 30, 1955

9. AGE (In years last birthday): 11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Merlin Phillips
BIRTHPLACE: Downey, Idaho

14. MOTHER'S MAIDEN NAME: Gloria Wilson
BIRTHPLACE: Lava, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Melvin L Phillips
ADDRESS: Arco, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Case not diagnosed-Probable fracture of cervical vertebra

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Skull Fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway

21c. (CITY, TOWN, OR TOWNSHIP): Arco, (COUNTY): Butte, (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 18, 1967 m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Struck by car while riding Bicycle

22. *I hereby certify that I attended the deceased from* Attended as coroner only, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 8:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. L. Marvel
(Degree or title): 583
23b. ADDRESS: Butte County Coroner Arco, Idaho
23c. DATE SIGNED: 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-21-67
24c. NAME OF CEMETERY OR CREMATORY: Lost River
24d. LOCATION (City, town, or county) (State): Moore, Idaho

DATE REC'D BY LOCAL REG.: April 24. 1967
REGISTRAR'S SIGNATURE: Betty J. Marvel
25. EMBALMER: C. L. Marvel
LICENSE NO.: E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1548
Local Reg. No. 41
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1815-3rd. Street South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1815-3rd. Street South

3. NAME OF DECEASED (Type or Print)
a. (First): MELVIN
b. (Middle): DENNIS
c. (Last): BROWN

4. DATE OF DEATH (Month) (Day) (Year): March 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 27, 1935
9. AGE (In years last birthday): 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Steel Worker 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Bridgeport Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dean E. Brown — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Marjorie R. Catron — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 0
16. SOCIAL SECURITY NO.: 519 36 2466
17. INFORMANT'S OWN SIGNATURE: X Marjorie Brown — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 9818
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound head.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at his home 01
21c. (CITY, TOWN, OR TOWNSHIP) 142 **(COUNTY)** **(STATE)**: Nampa Canyon — Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 1 — 1967 ? P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [✓]
21f. HOW DID INJURY OCCUR?: Probable accidental discharge of gun

22. *I hereby certify that I attended the deceased from* Inspection & autopsy *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C. Wesche M.D. Coroner. LA
23b. ADDRESS: Nampa — Idaho
23c. DATE SIGNED: 4-19-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 5 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended Certificate

Certificate of Death

STATE OF IDAHO

State File No. 1549
Local Reg. No. 106
Reg. Dist. No. 360

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 704 So. Kimball

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): R.
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 7, 1886
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Major, Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Linville Anderson — BIRTHPLACE: Va.
14. MOTHER'S MAIDEN NAME: Hash — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 538-18-5189
17. INFORMANT'S OWN SIGNATURE: Amanda Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — 331X

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Anteriosclerotic Heart Disease

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1967, *to* 3-7, 1967, *that I last saw the deceased alive on* 3-7, 1967, *and that death occurred at* 9 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 258 MD
23b. ADDRESS: Robert H. Jensen, M.D., 222 EAST LOGAN, CALDWELL, IDAHO
23c. DATE SIGNED: 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Mar. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-5-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1101
Local Reg. No. 82
Reg. Dist. No. 360

BIRTH NO.

RECEIVED Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon — APR 3 1967
b. CITY OR TOWN: Caldwell
b. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 704 So. Kimball

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) R. c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year): March 7, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 7, 1886

9. AGE (In years last birthday): 81
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Major, Virginia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Linville Anderson — BIRTHPLACE: Virginia

14. MOTHER'S MAIDEN NAME: Nash — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 538-18-5139A

17. INFORMANT'S OWN SIGNATURE: J. W. Anderson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD

DUE TO (c)

II. OTHER SIsignificant CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

Original Certificate No. 1101 Prepared and Mailed Dept.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May, 1967, *to* 3-7-, 1967, *that I last saw the deceased alive on* 3-7, 1967, *and that death occurred at* 10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Canon M.D.
23b. ADDRESS: 222 East Logan
23c. DATE SIGNED: 3-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: March 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 3-31-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merrill D. Davis
LICENSE NO.: E-359
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1550
Local Reg. No. 163
Reg. Dist. No. 360

BIRTH NO.

APR 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 811 Belmont St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clarence	(NMI)	Collins	March 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	June 21, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hal County, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: E. Collins — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nancy Arlene — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 489-12-6796A
17. INFORMANT'S OWN SIGNATURE: X Ted J. Collins — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5271 Pneumothorax — INTERVAL BETWEEN ONSET AND DEATH: several days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary emphysema — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic cardiovascular disease — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 18, 1963, *to* Mar. 21, 1967, *that I last saw the deceased alive on* Mar. 21, 1967, *and that death occurred at* 2:12 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Kelly 99 275	M. D.	1201 S. Kimball, Caldwell, Idaho	4-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Mar. 24, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-27-1967	Vera Dakan	James R. Dakan	E-485

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1551
Local Reg. No. 91
Reg. Dist. No. 361

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 — APR 1 1 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Rt. # 5
Bureau of Vital Statistics
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 5, Caldwell, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 140
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print): a. (First) Lyle — b. (Middle) Ray 000 — c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 4, 1909

9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Ohkowa, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James H. Williams — BIRTHPLACE: Neb.

14. MOTHER'S MAIDEN NAME: Minnie Luttick — BIRTHPLACE: Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE — ADDRESS: James H. Williams

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 42201 — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* Inspection only, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* Early a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C. Wesche M.D. Coroner 583 4

23b. ADDRESS: Nampa Idaho

23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 6, 1967

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-8-1967

REGISTRAR'S SIGNATURE: Vera Nakano

25. EMBALMER: Harry W. Dakan — LICENSE NO.: E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 17 1967

APR 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to furnish the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1552
Local Reg. No. 98
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY CANYON 142 APR 1 1 1967 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) NAMPA
c. LENGTH OF STAY IN (this place) 1 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) FLOYD NURSING HOME 225

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE IDAHO 420 b. COUNTY TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) MURTAUGH
d. STREET ADDRESS (If rural, give location) ***

3. NAME OF DECEASED (Type or Print) a. (First) RILLA b. (Middle) c. (Last) BOLEY

4. DATE OF DEATH (Month) (Day) (Year) APRIL 1, 1967

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2
8. DATE OF BIRTH JUNE 29, 1883
9. AGE (In years last birthday) 83 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME-MAKER 01
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) LEHI, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN D. WOODHOUSE BIRTHPLACE NO RECORD
14. MOTHER'S MAIDEN NAME ROSE KAREN BIRTHPLACE NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-44-8816
17. INFORMANT'S OWN SIGNATURE Mrs N Q Tibbett ADDRESS BOISE,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-10, 1967, *to* 4-1-, 1967, *that I last saw the deceased alive on* 3-19, 1967, *and that death occurred at* 7:35A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 560 Henry F. Wiesche M.D.
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 4-4-67
24c. NAME OF CEMETERY OR CREMATORY TWIN FALLS CEMETERY
24d. LOCATION (City, town, or county) TWIN FALLS (State) IDAHO

DATE REC'D BY LOCAL REG. April 10, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER M. B. Shepherd
LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 7 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1553
Local Reg. No. 92
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R# 5 Nampa 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 123 Third Road North

3. NAME OF DECEASED (Type or Print)
a. (First): LEO
b. (Middle):
c. (Last): HUMPHREYS

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: June 26, 1911
9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Medically Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ashton Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard Humphreys — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ida Priscilla Hathaway — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 12 7039
17. INFORMANT'S OWN SIGNATURE: Robert W. Humphreys — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1958 *to* Apr, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 8:45A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gordon Olson 115 MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon county Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise, Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1554
Local Reg. No. 51
Reg. Dist. No. 366

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 APR 1 1 1967 000
b. CITY OR TOWN Caldwell
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS I. O. O. F. Home

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Alice	W.	Palm	April 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Female	White	Widowed 2	Feb. 17, 1882	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Mount Pleasant, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	No	Lonnie J. Fields	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	4d
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	CVH	6wk
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 28, 1966, *to* April 3, 1967, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* 3:4 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Caldwell Idaho	4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Apr. 4, 1967	Pine Crest Cemetery	Sandpoint, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-8-1967	Vera Dakan	Rodney W. Dakan	E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 2011

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1555
Local Reg. No. 95
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 14/ Canyon 3-23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell, Idaho
c. LENGTH OF STAY (in this place) 23das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Middleton, Idaho
d. STREET ADDRESS (If rural, give location) Middleton

3. NAME OF DECEASED (Type or Print) a. (First) ADELBERT b. (Middle) 057 c. (Last) CORNELL

4. DATE OF DEATH (Month) 4 (Day) 5 (Year) 67

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3

8. DATE OF BIRTH Jan. 21, 1875

9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months 2 Days 14 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Publisher 30

10b. KIND OF BUSINESS OR INDUSTRY retired

11. BIRTHPLACE (State or foreign country) Harrison Twnship Jewell Co, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Salem Cornell BIRTHPLACE Ottowa, Canada

14. MOTHER'S MAIDEN NAME Emma Switzer Hawkins BIRTHPLACE Co. Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 519-48-5303

17. INFORMANT'S OWN SIGNATURE Verna W. Cornell ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH 4 Wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar. 13, 1967, *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 2:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Oak H. Hawes (Degree or title) M.D.

23b. ADDRESS Caldwell, Idaho

23c. DATE SIGNED 4/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4/7/67

24c. NAME OF CEMETERY OR CREMATORY Middleton

24d. LOCATION (City, town, or county) Middleton, Idaho (State)

DATE REC'D BY LOCAL REG. 4-19-1967

REGISTRAR'S SIGNATURE Vera Dakan

25. EMBALMER Lucy M. Flahiff LICENSE NO. E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 2 0 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1556
Local Reg. No. 92
Reg. Dist. No. 360

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 APR 18 1967 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 8 dy.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 02 Alaska 555
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spenard
d. STREET ADDRESS (If rural, give location): Star Route A. Box 1545

3. NAME OF DECEASED (Type or Print)
a. (First): Maude
b. (Middle): Estelle 051
c. (Last): Fletcher

4. DATE OF DEATH (Month) (Day) (Year): 4-6-1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 12-11-1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Emory Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George R Kerr — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Jessie Tadalock — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 444-16-7004
17. INFORMANT'S OWN SIGNATURE: Mrs. Fred Winchester — ADDRESS: Star Route A Box 1545 Spenard Alaska

18. CAUSE OF DEATH 9037
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple fat emboli — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Extensive bilateral pneumonia — 6 days
DUE TO (c): fractured left femur — 9 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Generalized arteriosclerosis. — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 13 Progressive Care Center
21c. (CITY, TOWN, OR TOWNSHIP) 141 (COUNTY) (STATE): Caldwell Canyon Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 29, 1967-3am
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Patient fell

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* 4-6, 1967, *that I last saw the deceased alive on* 4-6, 1967, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E Kemick 280 (Degree or title): M.D.
23b. ADDRESS: 1819 Elm Caldwell Idaho
23c. DATE SIGNED: 4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-8-1967
24c. NAME OF CEMETERY OR CREMATORY: Nyssa
24d. LOCATION (City, town, or county) (State): Nyssa Oregon

DATE REC'D BY LOCAL REG.: 4-15-1967
REGISTRAR'S SIGNATURE: Veva Dakan
25. FUNERAL DIRECTOR: [signature] — ADDRESS: Nyssa Oregon

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1557
Local Reg. No. 99
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon 14 — APR 1 81967 — Bureau of Vital Statistics — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 14 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1509 Taft

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Irene	Josephine	Rusco	April 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 13, 1916	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 60
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nevinville, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mack Ross — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Clara M. Olson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 485-05-3187
17. INFORMANT'S OWN SIGNATURE: x Irene N. Dawes — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis and Obesity

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 7 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1967, *to* April 8, 1967, *that I last saw the deceased alive on* April 6, 1967, *and that death occurred at* 5 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] 258 (Degree or title)
23b. ADDRESS: Robert H. Jesson, M.D. 222 EAST LOGAN CALDWELL IDAHO
23c. DATE SIGNED: 4/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 10, 1967
24c. NAME OF CEMETERY OR CREMATORY (City, town, or county) (State): Rose Hill Cemetery, Nevinville, Iowa

DATE REC'D BY LOCAL REG.: 4-15-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 1558
Local Reg. No. 73
Reg. Dist. No. 360

BIRTH NO.

RECEIVED APR 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kit Mfg. Company 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1204 Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): Donald
b. (Middle): E.
c. (Last): Bircher

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Dec. 3, 1901
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fred Bircher — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Carrie Peterson — BIRTHPLACE: Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): War I & II 4
16. SOCIAL SECURITY NO.: 518-09-8861
17. INFORMANT'S OWN SIGNATURE: x Mrs. Bill C. Bird — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

4201

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 560 (Degree or title): Henry C. Wesche M.D.
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Apr. 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 4-15-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis — LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

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3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

MAY 19 1967

Bureau of Vital Statistics

State File No. 1559
Local Reg. No. 118
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Midway Nursing Home 322

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 2401 Pleasanton

3. NAME OF DECEASED (Type or Print): a. (First) Laurella b. (Middle) c. (Last) Shelton

4. DATE OF DEATH: (Month) (Day) (Year) April 10, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 4, 1886

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 13

10b. KIND OF BUSINESS OR INDUSTRY: Nursing

11. BIRTHPLACE (State or foreign country): Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Holmstrom
BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Angella Porter
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-44-3189 D

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec., 1966, *to* April, 1967, *that I last saw the deceased alive on* March 30, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 322 (Degree or title) MD

23b. ADDRESS: Nampa Ida

23c. DATE SIGNED: 5/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 12, 1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: May 18 1967

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: G. W. Waters [signature]

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1560
Local Reg. No. 93
Reg. Dist. No. 362

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-- 224 Yale 030

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 224 Yale

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLARA	MAY	STEVENSON	April 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	May 29, 1890	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Phillipsburg Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John D. Wills	Ohio	Lucy Ann	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
m No 2	0	519-16-9679	x John M Stevenson	Nampa, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) or Coronary Vascular Accident — P.O.A

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive Cardio-Vascular disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Found, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
454 Jos Baltzer MD	Nampa	4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 13, 1967	Cloverdale Cemetery	Ada County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 20 1967	[illegible]	Lonnie Alsip	E-496

FIRM NAME: ALSIP FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1561
Local Reg. No. 77
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

AUG 2 7 1993

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 030
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R# 4

3. NAME OF DECEASED (Type or Print)
a. (First): ERCIL
b. (Middle): RAY 049
c. (Last): BOWMAN, Sr.

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 17, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Track Foreman 26
10b. KIND OF BUSINESS OR INDUSTRY: P.F.E.
11. BIRTHPLACE (State or foreign country): Milton, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: No record
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 7
17. INFORMANT'S OWN SIGNATURE: Kenneth R. Bowman
ADDRESS: Seattle, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Ca of Spine — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary Ca of Lung
DUE TO (c) — 6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17, 1966, *to* 4/13, 1967, *that I last saw the deceased alive on* 4/13, 1967, *and that death occurred at* 9:05P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 322 R Mangum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: April 29 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Vose, Jr.
LICENSE NO.: E 513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1562
Local Reg. No. 110
Reg. Dist. No. 360

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon 141 3-04 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho — LENGTH OF STAY (in this place): 4das.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 141 — b. COUNTY: Canyon — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

d. STREET ADDRESS (If rural, give location): 517 North 11th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
WAYNE	ALLEN 051	RICHARDSON	4	13	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 2	Nov. 17, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cabinet Maker 21	Retired	Lawrenceburg, Missouri	USA

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
Jeremiah Richardson Lawrenceburg, Mo.	Jessie McFall Springfield, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
No	No	518-07-5223	x Tora Richardson

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Bronchogenic Ca — INTERVAL BETWEEN ONSET AND DEATH: 7-62

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) 4-10-67 Had bronchoscopy + biopsy (+) for Ca

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
7-62	Had left Pneumonectomy for Ca	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-6-67, 19___, *to* 4-13-67, 19___, *that I last saw the deceased alive on* 4-13, 1967, *and that death occurred at* 8:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John R. Nielsen 389 MD	303 E. Logan Caldwell Idaho	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/17/67	New Meadows	New Meadows, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-10-1967	Vera Parker	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17, to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 4 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1563
Local Reg. No. 94
Reg. Dist. No. 362

67-431
BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa -rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1711 Amity Road 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1711 Amity Road

3. NAME OF DECEASED (Type or Print)
a. (First): CASSI
b. (Middle): JO
c. (Last): CRANER

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant
8. DATE OF BIRTH: January 29, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 2 Days 14; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vernon Jerry Craner — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Jo Anne Johnston — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jerry Craner — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary aspiration — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 18 Trisomy - Chromosome abnormality — congenital

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 29 Jan, 1967, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 326 [signature] MD
23b. ADDRESS: 824 17th Ave So Nampa
23c. DATE SIGNED: April 17 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Don Winjian — LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1564
Local Reg. No. 96
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Blakelys Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS 311 (If rural, give location) 12th Ave. Rd.

3. NAME OF DECEASED (Type or Print) a. (First) Clara b. (Middle) Louise c. (Last) Gossett

4. DATE OF DEATH (Month) April (Day) 14, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH April 23, 1892
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Howard Lake, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Fleming BIRTHPLACE Canada
14. MOTHER'S MAIDEN NAME Ella James BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE * Charles C. Gossett ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 4221
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congestive Heart failure — 1 week
DUE TO (c) Arteriosclerotic C. V. D. — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Hypertension — 2 yrs

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1965, *to* April 14, 1967, *that I last saw the deceased alive on* April 13, 1967, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. D. Ingram (Degree or title) M.D.
23b. ADDRESS Caldwell
23c. DATE SIGNED 18 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 18, 1967
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG. 4-20-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER William R. Wingate
LICENSE NO. E-513

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1565
Local Reg. No. 161
Reg. Dist. No. 360

RECEIVED
APR 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon (141)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY IN (this place): 30das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (140)
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Route #4

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle): OS
c. (Last): LIERMAN

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 67

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Nov. 19, 1883

9. AGE (In years last birthday): 83
IF UNDER 1 YEAR — Months: 4 Days: 25
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife (01)

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Crete, Illinois

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Brase
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Wilhelmine Laesch
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-40-0199

17. INFORMANT'S OWN SIGNATURE: Herbert E. Lierman
ADDRESS:

18. CAUSE OF DEATH (2040)
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): TERMINAL PNEMONIA — INTERVAL BETWEEN ONSET AND DEATH: 24h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): CHRONIC LYMPHOCYTIC LEUKEMIA — 10 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12-31, 19 66, *to* 4/14, 19 67, *that I last saw the deceased alive on* 4/14, 19 67, *and that death occurred at* 5:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 4-24 Donald D. Price MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 4/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/18/67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county) (State): Near Nampa, Idaho

DATE REC'D BY LOCAL REG.: 4-27-1967
REGISTRAR'S SIGNATURE: Vera Baker
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1566
Local Reg. No. 102
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
APR 28 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 141
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 1802 South 10th

3. NAME OF DECEASED (Type or Print)
a. (First): VELMA
b. (Middle): O51
c. (Last): WILLIANSON

4. DATE OF DEATH: (Month) 4 (Day) 14 (Year) 67

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Aug. 1, 1911

9. AGE (In years last birthday): 55
IF UNDER 1 YEAR — Months: 8 Days: 13
IF UNDER 24 HRS. — Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Port Arthur, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Luther Rice
BIRTHPLACE: Plato, Missouri

14. MOTHER'S MAIDEN NAME: Ida Neal
BIRTHPLACE: Plato, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 4201

17. INFORMANT'S OWN SIGNATURE: Walter Williamson
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 48 h.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): A. S. H. D.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Bilateral Femoral Emboli — 48 h.

19a. DATE OF OPERATION: 4-13-67

19b. MAJOR FINDINGS OF OPERATION: Completely occluded bilateral femoral arteries

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-12, 1967, *to* 4-14, 1967, *that I last saw the deceased alive on* 4-14, 1967, *and that death occurred at* 3 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Robert R. Jensen, M.D.
222 EAST LOGAN
CALDWELL, IDAHO

23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/18/67

24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-27-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1567
Local Reg. No. 144
Reg. Dist. No. 360

RECEIVED
APR 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Rural--Wilder
d. STREET ADDRESS (If rural, give location) Rt. #2

3. NAME OF DECEASED (Type or Print) a. (First) J. b. (Middle) Henry 057 c. (Last) Maurer

4. DATE OF DEATH (Month) (Day) (Year) April 14, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH Dec. 20, 1892
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months 3 Days 24 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Cincinnati, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Maurer BIRTHPLACE Barvaria, Germany
14. MOTHER'S MAIDEN NAME Kuneigunda Schramm BIRTHPLACE Barvaria, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-7045
17. INFORMANT'S OWN SIGNATURE x Rose Maurer ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Arteriosclerosis 334 X — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept 2, 1966, *to* Apr 14, 1967, *that I last saw the deceased alive on* Apr 14, 1967, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 17, 1967
24c. NAME OF CEMETERY OR CREMATORY Wilder Cemetery
24d. LOCATION (City, town, or county) (State) Wilder, Idaho

DATE REC'D BY LOCAL REG. 4-27-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Leonard R. Flahiff
LICENSE NO. E-481
FIRM NAME: Homedales Flahiff Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1568
Local Reg. No. 99
Reg. Dist. No. 360

BIRTH NO. 67-6548

RECEIVED APR 28 1967

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN Caldwell, Idaho
Bureau of Vital Statistics
c. LENGTH OF STAY IN HOSPITAL
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN Caldwell, Idaho
d. STREET ADDRESS (If rural, give location) 107 Elgin St.

3. NAME OF DECEASED (Type or Print)
a. (First) GRISELDA
b. (Middle) DS1
c. (Last) De HOYOS

4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 67

5. SEX F

6. COLOR OR RACE Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant

8. DATE OF BIRTH March 24, 1967

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02

10b. KIND OF BUSINESS OR INDUSTRY Infant

11. BIRTHPLACE (State or foreign country) Caldwell, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Efrem de Hoyos BIRTHPLACE Mexico

14. MOTHER'S MAIDEN NAME Lenora Barrelez BIRTHPLACE Eagle Pass, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Efren de Hoyos ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Viral Pneumonia 7630

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, to ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 583 Henry C. Wesche M.D. Coroner
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/17/67
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 4-27-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Leonard C. Flahiff
LICENSE NO. E-481
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1569
Local Reg. No. 97
Reg. Dist. No. 361

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 140 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma, Rural
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Myers Nursing Home 179

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Forrest	R.	Holmes	April 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Jan. 15, 1894	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Educator 12		Stafford, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
R. C. Holmes	Kansas	Carrie B. Sutton	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	541-22-0238	Cornelia Holmes	R2 Caldwell

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral ischemia — INTERVAL BETWEEN ONSET AND DEATH several months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Patient has had a gradual decline for the past 5 years but much more rapid the last few months.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 57, *to* 4-14, 19 62, *that I last saw the deceased alive on* 3-15, 1962, *and that death occurred at* 8 4 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles Kemp 280	MD	1819 Ellis St Caldwell Ida.	4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 18, 1967	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-20-1967	Vera Dakan	Kenneth E. Jones	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 1 1968

JUN 5 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1570
Local Reg. No. 98
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Canyon (14) — APR 24 1967 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell (100) — LENGTH OF STAY (in this place): (177)

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho (14) — b. COUNTY: Canyon — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell — d. STREET ADDRESS (If rural, give location): 502 Everett St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Della		McCoy	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 11, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
(60)		Cameron, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Hartline	Unknown	Eleanor Gray	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-54-9088 Jr	W. J. McCoy	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis generalized

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) with Coronary & Central Circulation deficiency

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: gradual over several months.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas E Semrad (280)	MD	1814 Elle St Caldwell Ida	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 17, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-20-1967	Vera Dakan	Kenneth E Spence	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1571
Local Reg. No. 75
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 11 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 502 Warner

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Robert	Virgil	Post		April	16	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Sept. 11, 1954	12				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Virgil Myron Post — BIRTHPLACE: Genesee, Idaho
14. MOTHER'S MAIDEN NAME: Sylvia Florence Gustevson, Post Hannsford, N.D — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hospital Records — ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 1 July, 19 63, *to* 16 April, 19 67, *that I last saw the deceased alive on* 16 April, 19 67, *and that death occurred at* 11:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Nampa, Idaho	4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal	April 19, 1967	Lewiston Cemetery	Lewiston	Idaho

DATE REC'D BY LOCAL REG.: April 21, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: E-487
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1572
Local Reg. No.
Reg. Dist. No. 360

RECEIVED MAY 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 4das.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 716 North 2nd Ave

3. NAME OF DECEASED (Type or Print): a. (First) ELLA b. (Middle) E c. (Last) ROCHESTER

4. DATE OF DEATH: (Month) 4 (Day) 17 (Year) 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married	July 1, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Oconee Co. South Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bill Vissage	South Carolina	Cornelia Qutz	South Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-26-1560	W. William Rochester	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aspiration
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 6-14-61, 19__, *to* 1-17-67, 19__, *that I last saw the deceased alive on* 1-17-67, 19__, *and that death occurred at* 10:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lyle Simes M.D.	222 East Elm--Caldwell, Idaho	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/20/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-11-1967	Vera Dirkse	Lucy M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1573
Local Reg. No. 105
Reg. Dist. No. 360

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place) 030
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 140 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 4

3. NAME OF DECEASED (Type or Print) a. (First) Geraldo b. (Middle) c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year) April 17, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 18, 1891
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Albion Boone County, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James P. Smith
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Sally B. Fowler
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) War I 4201

16. SOCIAL SECURITY NO. 518-12-8367

17. INFORMANT'S OWN SIGNATURE Della Smith
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) heart failure due to myocardial insufficiency — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) coronary arteriosclerosis — progressive

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. diabetes mellitus
cerebral arteriosclerosis & — progressive

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1963, *to* April 17, 1967, *that I last saw the deceased alive on* April 17, 1967, *and that death occurred at* 10:42P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Charles E. Maurer M.D.
23b. ADDRESS 2955 Caldwell Idaho
23c. DATE SIGNED 2 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 5-5-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Merville D. Davis
LICENSE NO. E-399
FIRM NAME: Caldwell, Peckham-Dakan, Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1574
Local Reg. No. 96
Reg. Dist. No. 363

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (in this place): 1 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ROUTE 5

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MONTANA 27 COUNTY: FLATHEAD 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WHITE FISH
d. STREET ADDRESS (If rural, give location): ****

3. NAME OF DECEASED (Type or Print): a. (First) MABLE b. (Middle) G. c. (Last) HODGES

4. DATE OF DEATH (Month) (Day) (Year): APRIL 17, 1967

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2

8. DATE OF BIRTH: AUGUST 20, 1880

9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER 01

10b. KIND OF BUSINESS OR INDUSTRY: AT HOME

11. BIRTHPLACE (State or foreign country): FALIRIVER, MASS.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: GEORGE A. GAGE — BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: JULIA DURFEE — BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: NONE

17. INFORMANT'S OWN SIGNATURE: Ronald T. Hodges — ADDRESS: RT. 5, NAMPA

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4341 Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 Henry C Wische M.D. Coroner

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3

24b. DATE: 4-18-67

24c. NAME OF CEMETERY OR CREMATORY: MONTANA VETERANS

24d. LOCATION (City, town, or county) (State): WHITE FISH, MONTANA

DATE REC'D BY LOCAL REG.: April 20 1967

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: M. G. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1575
Local Reg. No. 1
Reg. Dist. No. 360

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Idaho
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale, Idaho
d. STREET ADDRESS (If rural, give location): Rt. #1

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): 051
c. (Last): STARMAN

4. DATE OF DEATH (Month) 4 (Day) 22 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 29, 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 2 Days 23 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Yugoslovia
12. CITIZEN OF WHAT COUNTRY?: USa

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 520-01-2437
17. INFORMANT'S OWN SIGNATURE: F.E. Frank E. Starman — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr. 8, 1967, *to* Apr 22, 1967, *that I last saw the deceased alive on* Apr 22, 1967, *and that death occurred at* 4 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 570 MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/25/67
24c. NAME OF CEMETERY OR CREMATORY: Homedale-Marsing
24d. LOCATION (City, town, or county) (State): Near Marsing, Idaho

DATE REC'D BY LOCAL REG.: 5-10-1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Leonard E. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

PECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1576
Local Reg. No. 123
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — MAY 3 1967
b. CITY OR TOWN: Caldwell — (If outside corporate limits, write RURAL and give township) — LENGTH OF STAY (in this place): 100
c. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140 — b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Gregg	Bandy	April 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	Sept. 28, 1889	77	6	25		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 19		Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Glen T. Bandy	Iowa	Nettie Edison	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		540-28-4406	G. W. Bandy	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5411 Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 12 H

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) perforated duod. ulcer — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
19 APR 67	perf. duod. ulcer - peritonitis	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 19 apr, 1967, *to* 23 apr, 1967, *that I last saw the deceased alive on* 23 apr, 1967, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. L. Merritt Go 367	M.D.	222 E. Logan	27 apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 28, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-29-1967	Vera Dakan	Merville D. Davis	E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 18 2004

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1577
Local Reg. No. 106
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 520 Elder

3. NAME OF DECEASED (Type or Print)
a. (First): EMMA
b. (Middle): LETTA
c. (Last): WRIGHT

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 16, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Near Lane Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John S. Allison — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Laura Alice Walter — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 05
17. INFORMANT'S OWN SIGNATURE: Eva J. Wright — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Ischemia & failure — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive ASHD — 10 yrs
DUE TO (c) Diabetes mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Aortic Insufficiency — ?

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1958, *to* April, 1967, *that I last saw the deceased alive on* April, 1967, *and that death occurred at* 6:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gordon D. Cron (Degree or title) 115 — 23b. ADDRESS: Nampa Idaho — 23c. DATE SIGNED: 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: May 10, 1967
REGISTRAR'S SIGNATURE: Jane [illegible]
25. EMBALMER: Larry J. Krouse — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1578
Local Reg. No. 102
Reg. Dist. No. 360

RECEIVED
MAY 3 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 5

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle):
c. (Last): Transue

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 17, 1876
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Marysville, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Transue — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Ruhamah Keafover — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-4874 A
17. INFORMANT'S OWN SIGNATURE: Ella Transue — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 15 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-20-60, 19__, *to* 4-23-67, 19__, *that I last saw the deceased alive on* 4-23-67, 19__, *and that death occurred at* 8:40A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Mulberry 250
23b. ADDRESS: 222 East Elm---Caldwell, Idaho
23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 4-29-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel. Caldwell, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 15 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 30 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1579
Local Reg. No. 104
Reg. Dist. No. 360

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1604 S. Kimball Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Colin
b. (Middle):
c. (Last): McLeod, Sr.

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 27, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Rancher & Stockman 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ross County, Scotland
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-0271A
17. INFORMANT'S OWN SIGNATURE: Eleanor R. Thompson
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral thrombosis — 3 mo
DUE TO (c) Arteriosclerotic cardiovascular disease — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1959, *to* 23 April, 1967, *that I last saw the deceased alive on* 22 April, 1967, *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): S. D. Simpson M.D. 473
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 3 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Entomoment 4
24b. DATE: Apr. 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mauseleum
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-5-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 16 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1580
Local Reg. No. 111
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 504 Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): Rosa
b. (Middle): M.
c. (Last): Reed

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 7, 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Owatonna, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Wicklow — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Minnie Lucas — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Laura Reed Cummings — ADDRESS: 504 Chestnut Nampa

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ASH, D

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-31, 1967, *to* 4-24, 1967, *that I last saw the deceased alive on* 3-24, 1967, *and that death occurred at* 5 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marvin E. Clough 730 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/26/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county): Boise (State): Idaho

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: G. W. Waters — LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1581
Local Reg. No. 99
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 680
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 311 Juniper

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): May
c. (Last): Wilson

4. DATE OF DEATH (Month) (Day) (Year): April 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 18, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Franklin W. Noble — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Ada May Yocum — BIRTHPLACE: Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Helen Grace Wilson — ADDRESS

18. CAUSE OF DEATH 4221
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis

ANTECEDENT CAUSES — Arteriosclerotic cardio-vascular

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): disease

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: [illegible]

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-16-4[illegible], *19*___, *to* 4-24-, *19*67, *that I last saw the deceased alive on* 4-[illegible], *19*67, *and that death occurred at* 6:20P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 559 Gerald E. Wescho (Degree or title): MD
23b. ADDRESS: 312 14th Ave. South, Nampa, Idaho 83651
23c. DATE SIGNED: 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: May 3, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise, Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

State File No. 1582
Local Reg. No. 100
Reg. Dist. No. 363

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY (in this place): 10 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: Idaho State School and Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Reginald
b. (Middle): 053
c. (Last): Harris

4. DATE OF DEATH: (Month) April (Day) 25 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Sept. 30, 1955

9. AGE (In years last birthday): 11
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 03

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Harris
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Ann Kunter
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Evelyn Fay
ADDRESS: Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 49 8X Pneumonia - Lobular - Bilat — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Markedly - Mental Retardation — 11 yrs
DUE TO (c) Hypostatic - Cvib confined — 11 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Microcephaly - — 11 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES XX NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1 May, 1959 *to* 25 April, 1967, *that I last saw the deceased alive on* 24 April, 1967, *and that death occurred at* 3:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 443
(Degree or title): M.D.
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-28-67
24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: May 4 1967
REGISTRAR'S SIGNATURE: Jane Tuck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 10 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1583
Local Reg. No. 101
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Boulevard Nursing Home 284

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 016
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian rural
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) c. (Last) Stikes

4. DATE OF DEATH (Month) (Day) (Year) April 25, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 17, 1876
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Wilkesboro, North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Stikes BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-2244
17. INFORMANT'S OWN SIGNATURE Darrel Stikes ADDRESS Rt. 2 Meridian

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Parkinson's Disease

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-22-, 1967, *to* 4-25-, 1967, *that I last saw the deceased alive on* 3-31-, 1967, *and that death occurred at* 1:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE 560 Henry C. Wesche M.D. (Degree or title)
23b. ADDRESS Nampa - Idaho
23c. DATE SIGNED 4-27-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-28-67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. May 4, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Geo Jerread
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 1 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1584
Local Reg. No. 121
Reg. Dist. No. 363

BIRTH NO.

MAY 24 1967

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 2-7 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250 b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferdinand
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Edward b. (Middle) 052 c. (Last) Schwartz

4. DATE OF DEATH (Month) (Day) (Year) April 26 1967

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married 1
8. DATE OF BIRTH Sept. 19, 1950
9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Michael Schwartz BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Mary Robie BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Evelyn Fox ADDRESS Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Swallowing of tongue
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mongoloid — birth

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept. 19, 1966, *to* April 26, 1967, *that I last saw the deceased alive on* April 25, 1967, *and that death occurred at* 5:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE D. F. Omeron 586 (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3
24b. DATE 4-27-67
24c. NAME OF CEMETERY OR CREMATORY COTTONWOOD
24d. LOCATION (City, town, or county) (State) COTTONWOOD, IDAHO

DATE REC'D BY LOCAL REG. May 22, 1967
REGISTRAR'S SIGNATURE Janet Steck
25. EMBALMER M. B. Shepherd
LICENSE NO. 473

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SHEPHERD MORTUARY

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1585
Local Reg. No. 98
Reg. Dist. No. 362

Certificate of Death

RECEIVED
MAY 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Golden Rest Home 334

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 211-16 Avenue South

3. NAME OF DECEASED (Type or Print)
a. (First): ANEITA
b. (Middle): R.
c. (Last): WILSON

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 11, 1899
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fullerton Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Gilbert F. Robinson — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Bertha E. Bush — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 508 09 9118
17. INFORMANT'S OWN SIGNATURE: Eugene C. Wilson — ADDRESS: Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332 X Cardio Vasc Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 28 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ASHD

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* 26 Apr, 1967, *that I last saw the deceased alive on* 20 Apr, 1967, *and that death occurred at* 9:10A. *m., from the causes and on the date stated above.*

23a. SIGNATURE 326 (Degree or title): [signature] — **23b. ADDRESS**: [signature] — **23c. DATE SIGNED**: 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/27/67
24c. NAME OF CEMETERY OR CREMATORY: Fullerton Cemetery
24d. LOCATION (City, town, or county): Fullerton — (State): Nebraska

DATE REC'D BY LOCAL REG.: May 4, 1967
REGISTRAR'S SIGNATURE: Jane Fuck
25. EMBALMER: Richard W. Mesenbrink — LICENSE NO.: E-487

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1586
Local Reg. No. 702
Reg. Dist. No. 362

RECEIVED MAY 10 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park View Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 142
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 1415-11th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Etta
b. (Middle) Mae 296
c. (Last) Kinney

4. DATE OF DEATH (Month) (Day) (Year) April 26, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 14, 1874
9. AGE (In years last birthday) 93 — IF UNDER 1 YEAR Months 1 Days 12 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 63
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Near Roseberg, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Robert R. Rice — BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Harold B. Pratt — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 465X Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH 24hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma & ASHD — 10yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1965 *to* 26 April, 1967, *that I last saw the deceased alive on* 25 April, 1967, *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph B. Marcunn 356 (Degree or title) MD
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. May 4, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Merville D. Davis
LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1587
Local Reg. No. 107
Reg. Dist. No. 362

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON 142 — MAY 16 1967 — 1-64
b. CITY OR TOWN: NAMPA — Bureau of Vital Statistics — c. LENGTH OF STAY (In this place): 4 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION: PARKVIEW MANOR 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142 — b. COUNTY: CANYON
c. CITY OR TOWN: NAMPA
d. STREET ADDRESS (If rural, give location): 1704 5th STREET NORTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL	B.	KEEFOVER	APRIL 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	WIDOWED	NOV. 9, 1880	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER 04	FARMING	WATERVILLE, KANSAS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
LeROY DEEFOVER	NO RECORD	ANN HAMILTON	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	NONE	F. B. M. Marks	MT. HOME

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Coronary Artery Dis. — INTERVAL BETWEEN ONSET AND DEATH: 7 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma Prostate — 4 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
June 63	"	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 63, *to* April 67, *that I last saw the deceased alive on* April 26 19 67 *and that death occurred at* 7:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Stanley Olsen	115	NAMPA, IDAHO	5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5-1-67	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 10, 1967	Jane Stuck	D. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1588
Local Reg. No. 103
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 10 1967

1. PLACE OF DEATH 142
a. COUNTY CANYON 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142
b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 512 Locust

3. NAME OF DECEASED (Type or Print) a. (First) Rev. WILLIAM, b. (Middle) R. c. (Last) LEWIS

4. DATE OF DEATH (Month) (Day) (Year) April 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 27,1943
9. AGE (In years last birthday) 24 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister 18
10b. KIND OF BUSINESS OR INDUSTRY Church
11. BIRTHPLACE (State or foreign country) Bismark North Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Miles William Lewis BIRTHPLACE Baldwin, No. Dakota
14. MOTHER'S MAIDEN NAME Barbara Weible BIRTHPLACE Bismark, No. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 502-44-6790
17. INFORMANT'S OWN SIGNATURE Mrs. William R. Lewis ADDRESS Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2021

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic leukemia, acute — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lymphoblastma, lymphocytic type — 3 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hemolytic anemia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14-67, 19___, *to* 4-27-67, 19___, *that I last saw the deceased alive on* Apr. 27, 1967, *and that death occurred at* 11:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert H. Blome 048 (Degree or title) MD
23b. ADDRESS 721 Roosevelt Ave. Nampa
23c. DATE SIGNED 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Canyon County (State) Idaho

DATE REC'D BY LOCAL REG. May 4, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Richard W. Mesenbrink LICENSE NO. E-487
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 5 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1589
Local Reg. No. 104
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO. 142

1. PLACE OF DEATH
a. COUNTY: Canyon 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 916-13 Ave. South

3. NAME OF DECEASED (Type or Print)
a. (First): BESSIE
b. (Middle):
c. (Last): HASTRITER

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 27, 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Little Rock Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Park — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Minnie Amos — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Donald E. Hastriter — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Portal Cirrhosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/13/, 19 67, *to* 4/27/, 19 67, *that I last saw the deceased alive on* 4/27/, 19 67, *and that death occurred at* 5:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert E. Hay 217 (Degree or title)
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 5/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 4, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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REC Certificate of Death

STATE OF IDAHO

State File No. 1590
Local Reg. No. 105
Reg. Dist. No. 362

BIRTH NO. 142 MAY 1 0 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: CANYON Bureau of Vital Statistics 4-04
b. CITY OR TOWN: NAMPA
c. LENGTH OF STAY (in this place): FEW HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION: MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142 b. COUNTY: CANYON
c. CITY OR TOWN: NAMPA
d. STREET ADDRESS (If rural, give location): 820 14th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) EUGENE b. (Middle) (nmn) c. (Last) RIECKER

4. DATE OF DEATH: (Month) (Day) (Year) APRIL 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	MAY 8, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
CUSTDN. BUILDINGS	LLOYD LUMBER CO.	MUEHLHAUSEN GERMANY	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
FRIEDRICK RIECKER	GERMANY	NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-34-7287	Mrs Anna Riecker	NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebral Hemorrhage — 7 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-26-62 *to* 4-28-67, *that I last saw the deceased alive on* 4-28-67, *and that death occurred at* 2:25P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	NAMPA, IDAHO	5/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5-2-67	HILLCREST CEMETERY	CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 4, 1967	Jane Steck	M. B. Shepherd	473

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SHEPHERD MORTUARY

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1591
Local Reg. No. [illegible]
Reg. Dist. No. 36 C

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 14 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): George's Retirement Home 059

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 414 Elgin St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	C.	Pugh	April 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Never Married	May 26, 1886	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Fairmont, Clark Co., Mo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elliott Pugh	Unknown	Mattie Cull	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-10-3505
17. INFORMANT'S OWN SIGNATURE: x Olga George ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4500 Arteriosclerotic Vascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 20 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* [illegible] 19 *to* 28 Apr, 1967, *that I last saw the deceased alive on* 28 Apr, 1967, *and that death occurred at* 7:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 2 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Wyaconda Cemetery
24d. LOCATION (City, town, or county) (State): Wyaconda, Missouri

DATE REC'D BY LOCAL REG.: 5-5-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395
FIRM NAME: Peckham-Dakan Funeral Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1592
Local Reg. No. 112
Reg. Dist. No. 362

BIRTH NO. 142

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place): 080
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park View Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1813-3rd St. South

3. NAME OF DECEASED (Type or Print)
a. (First): Lucetta
b. (Middle): B. 296
c. (Last): Riggs

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 29, 1884
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months: 6 Days: 1
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02
10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Chase Co., Wonsevu, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel T. Slabaugh
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Maria Weaver
BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE: [illegible] Riggs
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion — Interval between onset and death: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — 10 yrs

DUE TO (c) Diabetes Mellitus — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Osteo Arthritis — 10 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1957, *to* April, 1967, *that I last saw the deceased alive on* April, 1967, *and that death occurred at* [illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD
(Degree or title):
23b. ADDRESS: [illegible] Idaho
23c. DATE SIGNED: 5-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Stuck
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1593
Local Reg. No. 123
Reg. Dist. No. 362

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: Canyon — MAY 24 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa — Bureau of Vital Statistics
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): D.
c. (Last): WALLER

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 21, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Joplin Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Thomas Waller — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Mary E. Clem — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 26 0631 A
17. INFORMANT'S OWN SIGNATURE: Clifton Waller — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 4221
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerotic Cardiovascular Disease — Years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Hospitalized recently for bowel obstruction. Death occurred about 3 wks. Post-op.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-8- *19*47, *to* 4-30- *19*67, *that I last saw the deceased alive on* 4-2- *19*67, *and that death occurred at* 8:40A. *m., from the causes and on the date stated above.*

23a. SIGNATURE 559 (Degree or title): Gerald E. Wesche, M.D. — Gerald E. Wesche MD
23b. ADDRESS: 312 14th Ave. South, Nampa, Idaho 83651
23c. DATE SIGNED: 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Weiser Cemetery
24d. LOCATION (City, town, or county) (State): Washington Co. Idaho

DATE REC'D BY LOCAL REG.: May 22, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise, Jr. — LICENSE NO.: E-513
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1594
Local Reg. No. 8
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 150
a. COUNTY Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Call Hotel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
d. STREET ADDRESS (If rural, give location) Call Hotel

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) John Lea Lloyd

4. DATE OF DEATH (Month) (Day) (Year) April 1, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH March 21, 1879
9. AGE (In years last birthday) 88 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired 04
10b. KIND OF BUSINESS OR INDUSTRY farming
11. BIRTHPLACE (State or foreign country) Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Thomas W. Lloyd BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Elizabeth Lea BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joseph Lloyd ADDRESS Bancroft, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage 331X — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1958 *to* Jan, 1967, *that I last saw the deceased alive on* Jan 11, 1967, *and that death occurred at* 7A *m., from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tigert 534 (Degree or title) M.D.
23b. ADDRESS Soda Springs, Ida
23c. DATE SIGNED 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/4/67
24c. NAME OF CEMETERY OR CREMATORY Grace Cemetery
24d. LOCATION (City, town, or county) (State) Grace, Caribou, Idaho

DATE REC'D BY LOCAL REG. 4-12-67
REGISTRAR'S SIGNATURE Darhl Cherrett
25. EMBALMER Theodore S Allen
LICENSE NO. E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1595
Local Reg. No. 78
Reg. Dist. No. 520-521

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace- rural
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace- rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last): Louisa Harris Hansen

4. DATE OF DEATH (Month) (Day) (Year): April 14, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 28, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Mound Valley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Alex Harris — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Martha Craner — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Will Hansen — ADDRESS: Grace, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 15 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-5, 1966, *to* 10-23, 1966 *that I last saw the deceased alive on* 10-23, 1966, *and that death occurred at* 6:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. E. Herron MD 226
23b. ADDRESS: Grace, Idaho
23c. DATE SIGNED: 22 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/17/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 4-27-67
REGISTRAR'S SIGNATURE: Darkl Cherrill
25. EMBALMER: Theodore S Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 0 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1596
Local Reg. No. 9
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou C. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 040
b. COUNTY: Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Georgetown, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): Ray 069
c. (Last): Stoddard

4. DATE OF DEATH (Month) (Day) (Year): Apr. 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 18, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming & Live 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock
11. BIRTHPLACE (State or foreign country): Georgetown, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willard R. Stoddard — BIRTHPLACE: Farmington Ut.
14. MOTHER'S MAIDEN NAME: Elizabeth Hess — BIRTHPLACE: Farmington Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None 177X
16. SOCIAL SECURITY NO.: 519-40-3253
17. INFORMANT'S OWN SIGNATURE: Carl Stoddard — ADDRESS: Georgetown Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Prostate — 6 mos.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1963, to April, 1967, that I last saw the deceased alive on April 15, 1967, and that death occurred at _____ p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell Tigert 535 (Degree or title) MD
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Apr. 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Georgetown Cemetery
24d. LOCATION (City, town, or county) (State): Georgetown Idaho

DATE REC'D BY LOCAL REG.: 4-25-67
REGISTRAR'S SIGNATURE: Da[illegible] Cherrett
25. EMBALMER: Nile Matthews — LICENSE NO.: E359

Federal Security Agency
United States Public Health Service
Form [illegible]-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1597
Local Reg. No. 1679
Reg. Dist. No. 470

RECEIVED APR 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn - rural
d. STREET ADDRESS (If rural, give location): 614 West 300 South

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Cassia Memorial Hosp.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Gilbert	Blake	April 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	Nov. 30, 1891	75	4	3		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Hooper, Utah	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Blake,	England	Elizabeth Bone	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	519-26-9381A	Mrs. Lizzie Blake	Heyburn Rt 1

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — Interval: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bundle Br Block — Interval: 1-2 Mo

DUE TO (c) Senile Arteriosclerosis — Interval: 5-10 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* 2 Apr, 1967, *that I last saw the deceased alive on* 30 March 1967, *and that death occurred at* 0110 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
526	Burley	3 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	Apr. 5, 1967	Paul Cemetery	Paul, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 5, 1967	Buck H. Pearson	Ormand H Buck	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 18 1967
Bureau of Vital Statistics

State File No. 1598
Local Reg. No. 1681
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 45 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 340 West Hwy.#30-(Farm)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley - rural
d. STREET ADDRESS (If rural, give location): 300 East 13th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Floyd
b. (Middle): Clayton
c. (Last): Thurston

4. DATE OF DEATH: (Month) April (Day) 4, (Year) 1967

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 1, 1900

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months 3 Days 3
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Hyde Park, Utah

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ima Thurston, BIRTHPLACE: Hyde Park, Utah

14. MOTHER'S MAIDEN NAME: Nellie Marie Nelson, BIRTHPLACE: Smithfield, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-42-5534

17. INFORMANT'S OWN SIGNATURE: Lowell Thurston - Box 1 Clarkston Rt. ADDRESS: Jerome, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause Undetermined - possible ventricular fibrillation due to old small myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hypertension — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__ *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__ *and that death occurred at* 5:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Sealed Ltr Elmore MD (Degree or title): Coroner

23b. ADDRESS: Box 657 Burley Idaho

23c. DATE SIGNED: 4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 7, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: April 19 1967

REGISTRAR'S SIGNATURE: Ruth H. Pearson

25. EMBALMER: Armand J. Burch

LICENSE NO.: E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

Bureau of Vital Statistics

State File No. 1599
Local Reg. No. 1680
Reg. Dist. No. 470

BIRTH NO.

APR 1 8 1967

1-02

1. PLACE OF DEATH
a. COUNTY: Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Cecil b. (Middle) Ellen 870 c. (Last) Durfee Lowe

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Aug 10, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	Home	Almo, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Myron F. Durfee	Weber City, Utah	Mary Ann Rich	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-42-5688	Erica Black	Burley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca of Uterus and ovary — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diverticulitis Colon — 14 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2-15 1967, *to* 4-4-, 1967, *that I last saw the deceased alive on* 4-4, 1967, *and that death occurred at* 7:55 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
276 [signature]	Burley	4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/8/1967	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 10 1967	Ruth H. Pearson	[signature]	E389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1600
Local Reg. No. 1683
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia 161 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) R.F.D.

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) 070
c. (Last) Erwin

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Feb. 12, 1900
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer
10b. KIND OF BUSINESS OR INDUSTRY Agriculture 04
11. BIRTHPLACE (State or foreign country) Springdale, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Erwin — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Nelle Eidson — BIRTHPLACE Springdale, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes / (If yes, give war or dates of service) W.W. #1 3
16. SOCIAL SECURITY NO. 548-07-0825
17. INFORMANT'S OWN SIGNATURE Mrs Ernest Erwin — ADDRESS Heyburn, Ia.

203X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple myeloma with metastases, bony & pulmonary.

INTERVAL BETWEEN ONSET AND DEATH: 4½ years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Plasma cell myeloma
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic cardiovascular disease generalized arteriosclerosis, chromic myocardial failure.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 20, 1953, *to* April 5, 1967, *that I last saw the deceased alive on* 4-4-67, 19__, *and that death occurred at* 1:35a. *m., from the causes and on the date stated above.*

23a. SIGNATURE 012 S. Ernest (Degree or title) [signature]
23b. ADDRESS Snow Bldg. Burley, Idaho
23c. DATE SIGNED 4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 4/7/67
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Heyburn, Idaho

DATE REC'D BY LOCAL REG. April 18 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER [signature]
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

APR 24 1967

Bureau of Vital Statistics

State File No. 1601
Local Reg. No. 1682
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 121
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 67 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1418 Almo Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Howard b. (Middle) C c. (Last) Marsden

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Feb. 24, 1900	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Manager	Freight Co.	Taylorsville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Amos H. Marsden	Salt Lake City, Ut	Clara Mae Elsworth	Salt Lake, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-05-9167	Cora J Marsden	Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4342

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe obstructive Pulmonary disease — approx 10 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		

22. *I hereby certify that I attended the deceased from* 1959, 19—, *to* 4-8-, 1967, *that I last saw the deceased alive on* 4-7-, 1967, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R P Sutton	5/4 MD	Burley Idaho	4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	4/11/67	Thomas Riverside	Bingham County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 18 1967	Burl H. Pearson	Wm Payne	E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1602
Local Reg. No. 1684
Reg. Dist. No. 470

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1510 Normal Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1510 Normal Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ann		Miller	April 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	May 6, 1878	88	11	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Archbold, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Strait	Unknown	Harriet (Unknown)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	— — — —	526-86-9594	Mrs Josephine Simpson	1510 normal ave - Burley

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic Heart Disease — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
none		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
none m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-19-, 1966, *to* 4-13-, 1967, *that I last saw the deceased alive on* 4-6-, 1967, *and that death occurred at* 3:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R Sutton 514	M D	Burley Idaho	4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Apr. 17, 1967	Pleasant View Cemetery,	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 24 1967	Beth A. Pearson	Ormand J Burch	F 471

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

JAN 3 0 1992

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1603
Local Reg. No. 1686
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN: Burley
LENGTH OF STAY (in this place): 47 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 719 Burton Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Juan
b. (Middle): Gregorio
c. (Last): Belasquez

4. DATE OF DEATH: April 14, 1967

5. SEX: Male

6. COLOR OR RACE: Spanish

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 26, 1892

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months: 9 Days: 19
IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unibn Pacific R.R.

11. BIRTHPLACE (State or foreign country): Yuarez, Mexico

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Christopher Belasquez
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): — — — — —

16. SOCIAL SECURITY NO.: 712-09-5769

17. INFORMANT'S OWN SIGNATURE: Chris Belasquez
ADDRESS: 719 Burton ave. Burley Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute CVA — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Arteriosclerotic heart disease with fibrillation — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Acute appendicitis — 11 days
Penphegus vularis diabetis — 15-20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3, 1967, *to* 4-14, 1967, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Burton (Degree or title): MD

23b. ADDRESS: 1501 Albion Ave. Burley Idaho

23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: Apr. 19, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 2 1967

REGISTRAR'S SIGNATURE: Bill N. Pearson

25. EMBALMER: Ormand J Burch

LICENSE NO.: E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1604
Local Reg. No. 1683
Reg. Dist. No. 470

Certificate of Death

RECEIVED MAY 2 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
c. LENGTH OF STAY (In this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) Earl
c. (Last) Reedy

4. DATE OF DEATH (Month) (Day) (Year) April 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 19, 1934
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR Months 9 Days 27 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Burley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Earl Reedy, BIRTHPLACE: Waterville, Kansas
14. MOTHER'S MAIDEN NAME: Chloedean Prescott, BIRTHPLACE: Sharon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 518-34-2767
17. INFORMANT'S OWN SIGNATURE: Daylene Reedy — ADDRESS: Oakley Ida

9360

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest & head compression — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oakley Cassia Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-15-67 P m.
21e. INJURY OCCURRED: WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Tearing car apart & car fell on him

22. *I hereby certify that I attended the deceased from* Investigated the death, *19*__, *to* __, *19*__, *that I last saw the deceased alive on* _____, *19*__, *and that death occurred at* date *P.m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD (Degree or title) coroner
23b. ADDRESS: Box 657 Burley, Ida
23c. DATE SIGNED: 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Heyburn, Idaho

DATE REC'D BY LOCAL REG.: April 25, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch — LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 8 1967.

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 17 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 14 1967

JAN 30 1969

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1605
Local Reg. No. 1685
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 2 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Cassia

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

c. LENGTH OF STAY IN (Hospital or Institution) (Where dead on arrival, give place): Lifetime

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley R#1

d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Floyd	Donald	Smith	April 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 28, 1917	49	10	19		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Burley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Isaac George Smith	Huntsville, Utah	Lydia Peck	Gentile Valley, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-4108	x Vera L. Smith	R#1 Burley

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arterio sclerosis — 4-5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct ____, 19 66, *to* April 16, 19 67, *that I last saw the deceased alive on* April 16, 19 67 *and that death occurred at* 6 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John W. Davis M.D.	Burley, Idaho	April 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 20, 1967	Gem Memorial Gardens	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 24 1967	Burt H. Pearson	Ormand J. Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1606
Local Reg. No. 1687
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): % Pickett Sheep Company

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): K.
c. (Last): MAC KENZIE

4. DATE OF DEATH (Month) (Day) (Year): April 22, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: May 22, 1908
9. AGE (In years last birthday): 58 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Sheep Industry
11. BIRTHPLACE (State or foreign country): Isle of Wight, British Isles
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alec MacKenzie — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: MacLeod — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-46-2591
17. INFORMANT'S OWN SIGNATURE: Jean Margaret Thompson — ADDRESS: Filer

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute CVA c̄ hemiplegia — INTERVAL BETWEEN ONSET AND DEATH: 15 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Embolus
DUE TO (c): arteriosclerotic heart disease c̄ Fibrillation (?)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28-, 1967, *to* 4-22, 1967, *that I last saw the deceased alive on* 4-22-, 1967, *and that death occurred at* 9:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: R P Sutton 514 (Degree or title) MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/26/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: May 3 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Robert E. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1607
Local Reg. No. 1688
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 157 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1800 Miller Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joseph	C	Lynch	April 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	April 12, 1888	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dealer 22	Petroleum	Littleton, New Hampshire	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Lynch	Canada	Ellen (Unknown)	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — — —	519-05-5529	C. L. Lynch	Burley Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Myo Cardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Fibrosis & emphysema — 5-6 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerotic Heart disease ?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		

22. *I hereby certify that I attended the deceased from* 8-19-, 19[illegible], *to* 4-25, 1967, *that I last saw the deceased alive on* 4-25-, 1967, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. L. Sutton 514 M.D.	Burley Idaho	4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/28/67	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3 1967	Burt A. Pearson	[signature]	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1608
Local Reg. No. 1689
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia 161
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley 301
c. LENGTH OF STAY (in this place) one day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hosp 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka 340
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Rural Route 2

3. NAME OF DECEASED (Type or Print) a. (First) Maxine b. (Middle) Pauline c. (Last) Stanley

4. DATE OF DEATH (Month) (Day) (Year) Apr 29 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug 26 1919
9. AGE (In years last birthday) 47 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rupert Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl Miles BIRTHPLACE Clear Lake Iowa
14. MOTHER'S MAIDEN NAME Esther Zahlka BIRTHPLACE Stanton Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 528-20-1902
17. INFORMANT'S OWN SIGNATURE Lyle Stanley ADDRESS Rt 2 Rupert

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ependymoma — INTERVAL BETWEEN ONSET AND DEATH 6 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10- *,* 1964 *, to* 4/29/ *,* 1967 *, that I last saw the deceased alive on* 4/28/ *,* 1967 *, and that death occurred at* 6 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert M Lovell 506 (Degree or title) JMD
23b. ADDRESS Paul, Idaho
23c. DATE SIGNED 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. May 3 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Robert C Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1609
Local Reg. No. 1692
Reg. Dist. No. 470

Certificate of Death

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 161 Cassia 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 900 Blk.E.Main St.(Hwy 800

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 32 New Mexico
b. COUNTY 555 McKinley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Garmerco
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) H
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1967

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 12, 1939
9. AGE (In years last birthday): 27 — IF UNDER 1 YEAR: Months 4, Days 17 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Garmerco, New Mexico
12. CITIZEN OF WHAT COUNTRY? U. S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: New Mexico
14. MOTHER'S MAIDEN NAME: Zolia Chummy — BIRTHPLACE: New Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Irene H. Beally — ADDRESS: Garmerco N.M.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8244

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) massive skull injury — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street 04
21c. (CITY, TOWN, OR TOWNSHIP) Burley (COUNTY) 161 Cassia (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 29, 1967 9:50 p.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Jumped out of car while traveling

22. *I hereby certify that I attended the deceased from* Dec. 12, 1939 *to* Dec. 19, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fillmore MD Carmer 583 (Degree or title) 4
23b. ADDRESS: Box 657 Burley Idaho
23c. DATE SIGNED: 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Garmerco Cemetery
24d. LOCATION (City, town, or county) (State): McKinley Co.N.M.

DATE REC'D BY LOCAL REG.: May 10, 1967
REGISTRAR'S SIGNATURE: Beth H Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 19 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1610
Local Reg. No. 1691
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 173
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
c. LIMITS OF STAY (in this place): 73yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 168
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lewis
b. (Middle): Robert
c. (Last): Critchfield

4. DATE OF DEATH (Month) (Day) (Year): April 30, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 29, 1894
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 24
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Lewis Abram Critchfield - Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Jane Wilson - Eden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - -
16. SOCIAL SECURITY NO.: 518-40-9638
17. INFORMANT'S OWN SIGNATURE: Keith Critchfield — ADDRESS: Oakley, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 3-2/4 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? (Brought to Hosp D.O.A)

22. *I hereby certify that I attended the deceased from* 1948, 19__, *to* April 30 1967, *that I last saw the deceased alive on* April 27 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R Hutton 314 M D
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 5-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/4/67
24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery
24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: May 8, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: J Smith Payne
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended

Certificate of Death

STATE OF IDAHO

State File No. 1611
Local Reg. No. 30
Reg. Dist. No. 210

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater
b. CITY OR TOWN Orofino
LENGTH OF STAY (in this place) 2½ yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION Merrill House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN Orofino
d. STREET ADDRESS (If rural, give location) Merrill House

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JAMES	EVERETT	WILLIAMS	April 2 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	July 23, 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker	Timber	Cottonwood Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James M. Williams	unknown	Lena B. Snyder	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	540-10-7749	Josephine B. Gilbert	Orofino, Ida

MEDICAL CERTIFICATION

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Larry D. Wiesdorf Coroner	Orofino, Idaho	April 3 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 7 1967	Ahsahka Indian	Ahsahka Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 4 1967	June M. Powell	Lyle A. Stottmann	476

FIRM NAME GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 10 1967 Bureau of Vital Statistics

State File No.
Local Reg. No. 30
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. STATE OF (in this place): 2½ yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Merrill House

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Merrill House

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): EVERETT
c. (Last): WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year): April 3 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced
8. DATE OF BIRTH: July 23, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Cottonwood, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James M. Williams — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Lena B. Snyder — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 540-10-7749
17. INFORMANT'S OWN SIGNATURE: x Charlotte Baumgardner — ADDRESS: Southwick Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary heart disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Larry D. Wunderlich, Coroner
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: April 3 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 7 1967
24c. NAME OF CEMETERY OR CREMATORY: Ahsahka Indian
24d. LOCATION (City, town, or county) (State): Ahsahka Idaho

DATE REC'D BY LOCAL REG.: April 4, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended

Certificate of Death

STATE OF IDAHO

State File No. 1612
Local Reg. No. 31
Reg. Dist. No. 210

BIRTH NO.

RECEIVED APR 20 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN: Orofino
LENGTH OF STAY (in this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Highway # 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	RONALD	ALBERT	RICHARDSON	April 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	never married	Sept. 28, 1939	27				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Riverside Lmbr.	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer L. Richardson	Idaho	Esther Martin	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes 1961-62-63	518-36-8605	Josephine K. Gilbert	Orofino, Id

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck and internal injuries — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	US Highway # 12	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 3 '67 1:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Due to auto accident

22. *I hereby certify that I attended the deceased from* never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jerry D. Wunderlich	Coroner 4	Orofino, Idaho	April 3 '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 6, 1967	L-C Memorial Gardens	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 4 1967	Irene M. Powell	Lyle A. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

APR 10 1967

Bureau of Vital Statistics

State File No.
Local Reg. No. 31
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): US Highway # 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RONALD	ALBERT	RICHARDSON	April 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	Sept. 28, 1939	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeper	Riverside Lmbr.	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Homer L. Richardson	Idaho	Esther Martin	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes 1961-62-63	518-36-8605	x Homer L. Richardson	Orofino, Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck and internal injuries — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	US Highway # 12	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 3 '67 1:30 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Due to auto accident

22. *I hereby certify that I attended the deceased from* never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Larry D. Wunderlich	Coroner	Orofino, Idaho	April 3 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 6 1967	L-C Memorial Gardens	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 4, 1967	June M. Powell	Lyle A. Strottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 15 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 19 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1613
Local Reg. No. 32
Reg. Dist. No. 210

BIRTH NO.

RECEIVED APR 18 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN: Orofino
LENGTH OF STAY (in this place): 7 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN: Orofino
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle):
c. (Last): MOELLER

4. DATE OF DEATH: April 5, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: March 22, 1907

9. AGE (In years last birthday): 60
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Moeller
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Rebecca Wolfe
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): WW II

16. SOCIAL SECURITY NO.: 390-18-0824

17. INFORMANT'S OWN SIGNATURE: Mrs Henry Moeller
ADDRESS: Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension — unk
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 1967, *to* 4-5, 1967, *that I last saw the deceased alive on* 4-5-67, 19__, *and that death occurred at* 11:20 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: April 10, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle Strattman
LICENSE NO.: 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1614
Local Reg. No. 34
Reg. Dist. No. 210

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 9 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wardner
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print): a. (First) NIELS; b. (Middle) P.; c. (Last) CHRISTENSEN

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 2, 1885

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Laborer

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Denmark

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Soren Christensen
BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Ann Jensen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Unknown
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-18-1920

17. INFORMANT'S OWN SIGNATURE: Records Christine Plourde
ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Bronchopneumonia, bilateral — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — Several Years
DUE TO (c): Generalized arteriosclerosis — Several Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome due to arteriosclerosis — Several Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* March 6, 1967, *to* April 7, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 3:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William M. Russell M.D.
23b. ADDRESS: Box 672 Orofino, Idaho
23c. DATE SIGNED: April 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino, Idaho

DATE REC'D BY LOCAL REG.: April 10, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle A. Stottmann
LICENSE NO.: 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1615
Local Reg. No. 33
Reg. Dist. No. 210

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 421 Reid Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JOHN; b. (Middle) H.; c. (Last) POINTNER

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	June 23, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unknown-retired		Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Christine Plourde Records	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Uremia	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic glomular nephritis	Many months
DUE TO (c)	Arteriosclerotic heart disease	Several years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic brain syndrome due to arteriosclerosis	Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 29, 1967, *to* April 7, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 8:25 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M. Russell M.D.	Box 672 Orofino, Idaho	April 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April 8, 1967	Yates Funeral Home	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 8, 1967	Josephine K. Gilbert	Lyle A. Strathmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 18 1967
Bureau of Vital Statistics

State File No. 1616
Local Reg. No. 35
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
STATE OF (in this place): 1½ da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
GUSTAV		HAMMEL	April	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Aug. 20, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
prospector	mining	Bessarabia, Russia	unk.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilhelm Hammel	Russia	Julia Fandrich	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-22-6059	x Carl E. Hammel	Kennewick, Wn.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	CHF	4d.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute myocardial infarct	4d.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	Gen arteriosclerosis	yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 4-7, 1967, *that I last saw the deceased alive on* 4-8, 1967 *and that death occurred at* 9 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Orofino, Idaho	4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 11, 1967	Weippe	Weippe Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 12, 1967	June M. Powell	[signature]	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1617
Local Reg. No. 37
Reg. Dist. No. 210

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Raymond Gillespie residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 753 Johnson Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	SARA	E.	ENQUIST	April 9 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	April 9, 1909	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	home	Sweet Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George S. Harris	Pennsylvania	Anna L. Chase	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	516-07-3452	X Harold M. Nichols	Fairbanks, Alaska

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) gunshot wound in skull — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Suicide

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	Home	Orofino Clearwater Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4 9 67 6 A.M.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Self inflicted gunshot wound

22. *I hereby certify that I attended the deceased from* never, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Harry D. Wunderlich (Degree or title) Coroner	Orofino, Idaho	4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 17, 1967	Sunset Mem. Gardens	Great Falls Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 15, 1967	Josephine K. Gilbert	Lyle A. Strottmann	476

FIRM NAME GILBERT'S FUNERAL CHAPEL, INC.

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1618
Local Reg. No. 36
Reg. Dist. No. 210

Certificate of Death

RECEIVED APR 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERYL
b. (Middle): MAY
c. (Last): MASON

4. DATE OF DEATH (Month) (Day) (Year): April 12 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: January 17, 1892
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Freeman Reed — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Melissa Berry — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-36-4741
17. INFORMANT'S OWN SIGNATURE: Christine Flourde — Records — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bilateral pneumonia, hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial failure — 15 days
DUE TO (c): Contributing diabetes mellitus and arteriosclerotic heart disease — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome associated with arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1967, *to* April 12, 1967, *that I last saw the deceased alive on* April 12, 1967, *and that death occurred at* 9:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: William M. Russell — (Degree or title): M.D.
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: April 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hansen Funeral Home
24d. LOCATION (City, town, or county): Kamiah — (State): Idaho

DATE REC'D BY LOCAL REG.: April 14, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Tyl A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gilbert's Funeral Chapel, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1619
Local Reg. No. 38
Reg. Dist. No. 210

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Clearwater 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp. 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Greer
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) ALLEN
c. (Last) GILKEY

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH April 11, 1889
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woodsworker 17
10b. KIND OF BUSINESS OR INDUSTRY timber
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unknown — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown — BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-03-3087
17. INFORMANT'S OWN SIGNATURE Donald F. Gilkey — ADDRESS Orofino, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5721

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diverticulitis — INTERVAL BETWEEN ONSET AND DEATH 4 d

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diverticulosis — 4-5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 4-14, 1967, *that I last saw the deceased alive on* 4-14, 1967, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) 030
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE April 18, 1967
24c. NAME OF CEMETERY OR CREMATORY L-C Mem. Gardens
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. April 20, 1967
REGISTRAR'S SIGNATURE June M. Powell
25. EMBALMER Ly C. A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1620
Local Reg. No. 39
Reg. Dist. No. 210

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
LENGTH OF STAY (in this place): 4½ da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
EDNA	ANEIL	BRACY	April	19	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed	June 28, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Blaine County Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stuart Bruce	Virginia	Marria Myers	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. (If yes, give war or dates of service)	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	536-07-3059D	x Frank Bracy	Peck, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-16 *1967, to* 4-19 *, 1967, that I last saw the deceased alive on* 4-18 *, 1967 and that death occurred at* 5:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C A Beebe MD	Orofino, Idaho	4/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 21, 1967	Milton-Freewater	Milton-Freewater Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 20, 1967	June M. Powell	Lyle A. Stockman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 2 1967

Bureau of Vital Statistics

State File No. 1621
Local Reg. No. 46
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 3 yr. 8 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location): 215 North Hall

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HUGH	M.	KEITH	April	25	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	March 17, 1887	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter		Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sidney Keith	Connecticut	Martha Melhuich	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Unknown	Unknown	Records	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease with myocardial failure	10 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pyelonephritis	many years
DUE TO (c)	Generalized arteriosclerosis with cerebral arterial occlusions	5 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic brain syndrome secondary to arteriosclerotic vascular disease	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* March 6, 1967, *to* April 25, 1967, *that I last saw the deceased alive on* April 25, 1967, *and that death occurred at* 7:25 Pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M. Russell	M.D.	Box 672, Orofino, Idaho	April 26, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	April 26, 1967	Robertson-Hansen	Grangeville Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 26, 1967	June M. Powell	Lyle A. Gilbertson	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1967

MAY 17 1967

MAY 11 1999

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1622
Local Reg. No. 2
Reg. Dist. No. 680

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Custer (190)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
c. LENGTH OF STAY (in this place): 23 yrs. (123)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clayton Silver Mine (600)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer (190)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Challis
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Boyd	James	Gibbs	April 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (3)	Dec. 10, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mill operator (17)		Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Willard Gibbs	Utah	Alice Pugmire	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-09-9507	Eva A. Gibbs	Challis, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glen W. Reed (583)	Coroner (4)	Challis, Idaho	4-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-24-67	Challis	Challis, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4/25/67	Pauline J. Mueller	Delbert C. Jones	E 369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 1 1967

DEC 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1623
Local Reg. No. 32
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ELMORE 313
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MOUNTAIN HOME AFB, IDA
c. LENGTH OF STAY (in this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 67 Tac Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: OREGON
b. COUNTY: 505
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): DRAIN
d. STREET ADDRESS (If rural, give location): RURAL ROUTE

3. NAME OF DECEASED (Type or Print): a. (First) GORDON; b. (Middle) BENTON; c. (Last) SMITH

4. DATE OF DEATH: (Month) MARCH (Day) 25 (Year) 1967

5. SEX: MALE

6. COLOR OR RACE: CAU

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 8 Apr 1901

9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): USCG (Retired) 109661

10b. KIND OF BUSINESS OR INDUSTRY: USCG

11. BIRTHPLACE (State or foreign country): TENNESSEE

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: JAMES SMITH — BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 7 Apr-1 Jun 46

16. SOCIAL SECURITY NO.: 412 46 1742

17. INFORMANT'S OWN SIGNATURE: Official Military Records — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatoma of Liver — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis of liver
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 18 Mar 67

19b. MAJOR FINDINGS OF OPERATION: Gastrojejunostomy, cholecystojejunostomy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 18 Mar 19 67, *to* 25 Mar, 1967, *that I last saw the deceased alive on* 25 Mar, 19 67, *and that death occurred at* 1050p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Anthony R. Manocchio 585 (Degree or title)
ANTHONY R MANOCCHIO CAPT USAF MC

23b. ADDRESS: MOUNTAIN HOME AFB, IDAHO

23c. DATE SIGNED: 31 Mar 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3/30/67

24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: Apr 14 1967

REGISTRAR'S SIGNATURE: [signature]

25. EMBALMER: [signature] — LICENSE NO. E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1624
Local Reg. No. 380 33
Reg. Dist. No. 380 391

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN Mountain Home
c. LENGTH OF STAY IN (this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - King Hill

d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hopsital
d. STREET ADDRESS (If rural, give location) Rural - King Hill

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	BAPTIE		April 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Aug. 22, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepman 64	Livestock	Serkirk, Scotland	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Baptie	Scotland	Mary Armstrong	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-44-3382-A	Mrs Ray Baptie	Denver, Colo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Prostate — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 15, 1967, *to* April 21, 1967, *that I last saw the deceased alive on* April 21, 1967, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Malone N. Gooch	289 M.D.	Mountain Home, Idaho	May 1-1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/25/67	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 2 1967	[signature]	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 2 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1625
Local Reg. No. 34
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 195 Jerome 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 195 Jerome

3. NAME OF DECEASED (Type or Print)
a. (First) MRS. b. (Middle) MINNIE c. (Last) BELL SMITH

4. DATE OF DEATH (Month) (Day) (Year) April 22, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH July 30, 1888
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own Home
11. BIRTHPLACE (State or foreign country) Nordon, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jopheth Miller — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Sarah Hall — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Vana I Wilcox — ADDRESS Mt. Home, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mel. — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1954, *to* April 22, 1967, *that I last saw the deceased alive on* April 15, 1965, *and that death occurred at* 2:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE Malone W Roebuck 289 (Degree or title) MD
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED May 1, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/25/67
24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
24d. LOCATION (City, town, or county) Mtn. Home, Idaho (State)

DATE REC'D BY LOCAL REG. May 2 1967
REGISTRAR'S SIGNATURE P. Andersen
25. EMBALMER H. Verl Humphreys
LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1626
Local Reg. No. 35
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200 MAY 1 2 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Fall Creek
c. LENGTH OF STAY (in this place) Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION back waters Anderson Ranch Damm

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 610 No. 18th East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GERALD	THOMAS	GREWELL	April 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	white	married 3	June 5, 1929	37		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 27	machine repair	Carlton, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Byron Grewell			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Korean War	535-24-7647	Jean R. Grewell	Mtn. Home, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe trauma and shock — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive abdominal and pelvic hemorrhage (crushed pelvic region and ruptured spleen and kidney left side)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	mountain road 66	Rural - Fall Creek, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
April 23, 67 5:30PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Single car roll over, victim thrown from car and rolled on.

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, 19__, *to* __, 19__, *that I last saw the deceased alive on* __, 19__ *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/27/67	Mountain View Cemetery	Mtn. Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 2 1967	C. Anderson	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 8 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 27 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1627
Local Reg. No. 56
Reg. Dist. No. 380 391

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore
b. CITY OR TOWN Mountain Home
d. FULL NAME OF HOSPITAL OR INSTITUTION Elmore Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN Glenns Ferry
d. STREET ADDRESS Glenns Ferry

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SIDNEY		GRIFFITHS	April 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Oct. 9, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Engineer	Railroad	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richards Griffiths	England	Betsy Player	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Will H Griffiths	Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cerebral Hemorrhage	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Guy W. Watts MD	Mountain Home, Idaho	5/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/28/67	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 2 1967	A Erickson	A. Verl Thompson	E-502

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 2 5 1988

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1628
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry (rural)
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Embankment of Morrow Bridge 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 300 East Ave. "G"

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): D.
c. (Last): ROBINETTE

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 23, 1935
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer -farm 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Harrison, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willis J. Robinette — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Mary Susan Leedy — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 429 58 6792
17. INFORMANT'S OWN SIGNATURE: Shirley Robinette — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8250

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing injury of chest with severe hemorrhage in lungs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Truck accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Multiple fractures of upper and lower jaw.

INTERVAL BETWEEN ONSET AND DEATH: minutes

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): farm to market road
21c. (CITY, TOWN, OR TOWNSHIP) 200 (COUNTY) (STATE): Glenns Ferry, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4/27/67 10:40 A m. 2
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Single potato truck accident - rammed bank at high speed

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only, *19*____, *to* ____, *19*____, *that I last saw the deceased alive on* ____, *19*____, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith 583 (Degree or title): Coroner 4
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: May 1-67
REGISTRAR'S SIGNATURE: Mary Sullivan
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 26 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1629
Local Reg. No. 37
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 435 South 2nd East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 435 South 2nd East

3. NAME OF DECEASED (Type or Print)
a. (First): KEITH
b. (Middle): VAUGHN
c. (Last): GIFFORD

4. DATE OF DEATH (Month) (Day) (Year): April 27, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 7, 1925
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shop Foreman 26
10b. KIND OF BUSINESS OR INDUSTRY: Printing
11. BIRTHPLACE (State or foreign country): Carbarton, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E. W. Gifford — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Edna May Vaughn — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 519-22-4131
17. INFORMANT'S OWN SIGNATURE: Doris E. Gifford — ADDRESS: Mt. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Arteriosclerosis — Months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Previous Myocardial Infarction — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* April 27, 1967, *that I last saw the deceased alive on* April 27, 1967, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marlene W. Goebel M.D. 289
23b. ADDRESS: Mountain Home Idaho
23c. DATE SIGNED: May 1-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/29/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: May 2 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Arthur Smith
LICENSE NO.: E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1630
Local Reg. No. 11
Reg. Dist. No. 540

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 211 122
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 22 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 211
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Elva
b. (Middle): Peterson
c. (Last): Smout

4. DATE OF DEATH (Month) (Day) (Year): March 31, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: August 16, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Smithfield, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter W. Peterson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Christina Josephine Jensen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 60 1677
17. INFORMANT'S OWN SIGNATURE: Ethel S. Johnson — ADDRESS: Preston Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis — 3 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 24, 1967, *to* March 31, 1967, *that I last saw the deceased alive on* March 31, 1967, *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: O. R. Cutler 122 (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Preston Cemetery
24d. LOCATION (City, town, or county) (State): Preston, Idaho

DATE REC'D BY LOCAL REG.: 4-4-67
REGISTRAR'S SIGNATURE: Eggie W. Brower
25. EMBALMER: O. Sherwin Webb — LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

DUTIES:

MAR 2 1 20[illegible]

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

JUN 1 7 1976

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1631
Local Reg. No. 12
Reg. Dist. No. 540

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township) Preston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) 270 West Oneida

3. NAME OF DECEASED (Type or Print) a. (First) Martha Vinnie b. (Middle) Merritt c. (Last) Kirkbride

4. DATE OF DEATH (Month) (Day) (Year) April 7, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH April 15, 1889
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) West Jordan, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Swift Merritt BIRTHPLACE
14. MOTHER'S MAIDEN NAME Emma Naylor BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 60 1713
17. INFORMANT'S OWN SIGNATURE J. Earl Kirkbride ADDRESS Dayton, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforated colon — 72 hours
DUE TO (c) Diverticulitis — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-6 *, 19* 67 *, to* 4-7 *, 19* 67 *that I last saw the deceased alive on* 4-7 *, 19* 67 *and that death occurred at* 9 A.M. *, from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler (Degree or title) MD
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 4-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 10, 1967
24c. NAME OF CEMETERY OR CREMATORY Smithfield
24d. LOCATION (City, town, or county) Smithfield (State) Utah

DATE REC'D BY LOCAL REG. 4-10-67
REGISTRAR'S SIGNATURE Effie W. Brower
25. EMBALMER O. Sherwin Webb LICENSE NO. 316

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

State File No. 1632
Local Reg. No. 13
Reg. Dist. No. 540

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): RFD Route # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Richard	Bodily	April 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Feb. 11, 1872	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Hyde Park, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm Bodily	unk.	Sarah Talbot	So. Africa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 42 8844	Lawrence e Bodily	Whitney, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerosis 260X — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 yrs
DUE TO (c) Pernicious Mellitus — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* April 12, 1967, *that I last saw the deceased alive on* April 12, 1967, *and that death occurred at* 9:?? *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cullen	MD	Preston Idaho	4-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 15, 1967	Whitney Cemetery	Whitney, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-15-67	Effie W. Brouse	O. Sherwin Webb	316

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1633
Local Reg. No. 14
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 429 South State

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Veda	Barratt	Millar	April 29 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 4, 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own home	American Fork, Utah	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James H. Barratt	American Fork, Utah	Ellen Shelley	American Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 24 1744	W Ralph Millar	Preston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Cirrhosis Liver Laennecs	6 months
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Abuse	1 yr
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiac Insufficiency Arteriosclerosis	1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1966, *to* April 29, 1967, *that I last saw the deceased alive on* 4-24, 1967, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O R Cutler MD	Preston Idaho	5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2, 1967	Preston	Preston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-2-1967	Effie W. Brouner	O. Sherwin Webb	376

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 1 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 2 9 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1634
Local Reg. No. 23
Reg. Dist. No. 650

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont [illegible]eneral Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 10 West 8th South

3. NAME OF DECEASED (Type or Print): a. (First) ADA b. (Middle) GLOVER c. (Last) ALLEN

4. DATE OF DEATH (Month) (Day) (Year): March 14, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: May 23, 1880

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Farmington, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm. Franciso Glover — BIRTHPLACE: San Francisco, Calif

14. MOTHER'S MAIDEN NAME: Sara Jane Barnes — BIRTHPLACE: Navoo, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-2123

17. INFORMANT'S OWN SIGNATURE: M. E. Allen — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension — 5 yrs

DUE TO (c) Myocarditis — 3 yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Feb 10, 1967, *to* March 10, 1967, *that I last saw the deceased alive on* March 10, 1967, *and that death occurred at* 9 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Soule MD

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 16 March 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 17 March 67

24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery

24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 10 May 67

REGISTRAR'S SIGNATURE: M. L. Hansen

25. EMBALMER: M. L. Hansen

LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 10 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 14 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 1 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1635
Local Reg. No. 23
Reg. Dist. No. 651

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print): a. (First) RUDOLPH; b. (Middle); c. (Last) HABEKOST

4. DATE OF DEATH: (Month) (Day) (Year) April 9, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 23 June 1880

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Concordia, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Habekost
BIRTHPLACE: Isenbuttel, Germ.

14. MOTHER'S MAIDEN NAME: Wilhemenia Goeck
BIRTHPLACE: Salinger, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-7532

17. INFORMANT'S OWN SIGNATURE: X Florence Vander Meer
ADDRESS: Mesa, Washing.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 yr.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1-8-, 1965, *to* 4-9-, 1967 *that I last saw the deceased alive on* 4-9-, 1967 *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature]
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12 April 1967
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 21 April 67
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: Robert Bean
LICENSE NO.: E-456
FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1636
Local Reg. No. 24
Reg. Dist. No. 651

RECEIVED MAY 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Her Home in Ashton

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOTTIE	PEARL	DANIEL	22 April 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	6 October 1903	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (State or foreign country): Marysville, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John H. Cordingly — BIRTHPLACE: Fountian Green, Ut.
14. MOTHER'S MAIDEN NAME: Jessie Squire Jones — BIRTHPLACE: Heber City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X Lynn Sprague — ADDRESS: Ashton, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: *Conditions contributing to the death but not related to the disease or condition causing death.*
(1) Duodenal ulcer
(2) Anemia, secondary due to (1)

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. *1966, to* 4-22- *1967, that I last saw the deceased alive on* 4-20- *1967, and that death occurred at* 1100P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title):
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 April 67
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 2 May 67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

5

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1637
Local Reg. No. 27
Reg. Dist. No. 340-341

APR 18 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 5 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Konx Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	DeMasters	April 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	September 15, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher	live-stock	Ola, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Irby H. DeMasters	Idaho City, Idaho	Clara May Bowman	Star, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 32 3234	Joe E. DeMasters	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Autoimmune Reaction to Respiratory Infection
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. *,* 1957 *, to* April *,* 1967 *, that I last saw the deceased alive on* March 31 *,* 1967 *, and that death occurred at* 1 *p. m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B. Jewell	M.D.	107 N. Comm., Emmett, Idaho	4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 5, 1967	Ola	Ola, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 11, 1967	Jean A Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1638
Local Reg. No. 28
Reg. Dist. No. 340-341

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 231 Gem 104
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 231
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Leonard
b. (Middle) Ephriam
c. (Last) Staten

4. DATE OF DEATH (Month) (Day) (Year) April 11, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Jan. 9, 1897
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months 3 Days 2 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY Auto
11. BIRTHPLACE (State or foreign country) Springville, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Ephriam Staten — BIRTHPLACE Springville, Utah
14. MOTHER'S MAIDEN NAME Jessie Brooks Calderwood — BIRTHPLACE Granger, Wyo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WWI 3
16. SOCIAL SECURITY NO. 519-07-6567
17. INFORMANT'S OWN SIGNATURE X Bessie E. Staten — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* PT. HAD MYOCARDIAL INFARCTION A FEW YEARS AGO

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May about 1965, *to* March 8, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 10 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Ronald P. Rawlinson 429 (Degree or title) MD
23b. ADDRESS Emmett Ida
23c. DATE SIGNED 4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE Apr. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY Emmett
24d. LOCATION (City, town, or county) Emmett, Idaho (State)

DATE REC'D BY LOCAL REG. April 15, 1967
REGISTRAR'S SIGNATURE Jean A. Beatty
25. EMBALMER Glenn W. Beatty
LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 2 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1639
Local Reg. No. 27
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
APR 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gem
b. CITY OR TOWN Emmett
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Emmett
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lois	Lucile	Dawson	April 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	Oct. 6, 1913	53	6	5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Madden	Iowa	Cora Ellison	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-07-9650	X Bert E Dawson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mitral Stenosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-11, 1954, *to* 4-11, 1967, *that I last saw the deceased alive on* 4-10-67, 19___, *and that death occurred at* 10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H E Dawson M.D.	Emmett, Idaho	4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	Apr. 15, 1967	Meridian	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 15, 1967	Glenn V Beatty	Glenn V Beatty	#E392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1640
Local Reg. No. 30
Reg. Dist. No. 340-341

Certificate of Death

RECEIVED
APR 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4014 Neal

3. NAME OF DECEASED (Type or Print)
a. (First): Larry
b. (Middle): Kent
c. (Last): Weast

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Aug. 10, 1946
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months 8, Days 3 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): clerk 25
10b. KIND OF BUSINESS OR INDUSTRY: retail store
11. BIRTHPLACE (State or foreign country): Ontario, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Earl Weast — BIRTHPLACE: Nampa, Idaho
14. MOTHER'S MAIDEN NAME: Wanda Jean Eller — BIRTHPLACE: Gaylord, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-56-6254
17. INFORMANT'S OWN SIGNATURE: X Robert Earl Weast — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) PROBABLE CRANIAL FRACTURE
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: APPROXIMATELY 15 MINUTES

19a. DATE OF OPERATION: 4/13/67
19b. MAJOR FINDINGS OF OPERATION: TRACHEOTOMY
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): AUTO ACCIDENT
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): highway 16 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ada Idaho 010

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 13 1967 10 P.M. 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: AUTOMOBILE ACCIDENT

22. *I hereby certify that I attended the deceased from* about, 19__, *to* _____, 19__, *that I last saw the deceased alive on* April 13, 1967, *and that death occurred at* 11:15 P.M.; *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Lewis MD 429
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: April 15, 1967
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty
LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: AUG 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1641
Local Reg. No. 31
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED STATE OF IDAHO

MAY 5 1967

Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mounted Route

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print): a. (First) Ygnacio b. (Middle) c. (Last) Fimbres

4. DATE OF DEATH (Month) (Day) (Year): Apr. 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	divorced	Mar. 26, 1895	72	1	4		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
mining - labor	mining	Hermosillo, Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Francisco Fimbres	Oputo, Sonora, Mex.	Librada Saavedra	Oputo, Sonora, Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		539-09-2160	X Ronald O Fidley Jr.	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) PROBABLE ACUTE MYOCARDIAN INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: DEAD ON ARRIVAL - IMMEDIATE

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/20/66, 19__, *to* 5/6, 1966, *that I last saw the deceased alive on* May 6, 1966, *and that death occurred at* 6 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lowell P. Lawhorn MD	Emmett Ida	5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal-burial	May 6, 1967	Pioneer	Bishop, California

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 2, 1967	Jean A Beatty	Glenn W Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1642
Local Reg. No. 29 43
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gooding — APR 1 1 1967 — Bureau of Vital Statistics
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of city or town nearest this place): Wendell
c. LENGTH OF STAY IN THIS PLACE:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eden
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JUAN		MARTINEZ	April 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Mexican	Widowed	June 24, 1897	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Agriculture	Santiago, Mexico	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Encarnacion Martinez	Mexico	Antonia Perales	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Unknown	525 46 1438	Wilbur L. Howe	Jerome, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	INTERVAL BETWEEN ONSET AND DEATH
	acute myocardial infarct	12 hrs
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) arteriosclerosis	
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-6- *,* 1962 *, to* 4-1- *,* 1967 *, that I last saw the deceased alive on* 4-1- *,* 1967 *, and that death occurred at* 7:50a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Laurence E. Schell M.D.	Wendell, Idaho 83355	4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 6, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Raleigh Meyer	W. L. Howe	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1643
Local Reg. No. 2[illegible]
Reg. Dist. No. 420

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

APR 11 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 240 GOODING 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) HAGERMAN
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) HYWAY 30. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 WASHINGTON b. COUNTY 555 GRANT, CO.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) EPHRATA
d. STREET ADDRESS (If rural, give location) BOX 782

3. NAME OF DECEASED (Type or Print)
a. (First) SHIRLEY b. (Middle) JEAN c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) APR. 5, 1967

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH AUG. 5, 1935
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 01 AND
10b. KIND OF BUSINESS OR INDUSTRY DENTAL TECH.
11. BIRTHPLACE (State or foreign country) PORTLAND OREGAN
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME LYNN W. HANSEN — BIRTHPLACE IDAHO.
14. MOTHER'S MAIDEN NAME FAYE HANSEN — BIRTHPLACE UTAH.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO. (If yes, give war or dates of service)
16. SOCIAL SECURITY 539-34-6505
17. INFORMANT'S OWN SIGNATURE [signature] DDS — ADDRESS Box 782 Ephrata, Wash.

18. CAUSE OF DEATH 8254
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Head Injuries — Instant
DUE TO (c) Car wreck

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) ACCIDENT 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) HYWAY 30 06
21c. (CITY, TOWN, OR TOWNSHIP) 240 (COUNTY) (STATE) HAGERMAN GOODING IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) APR. 5, 1967 6 A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? CAR WRECK

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 6 A.M. m., from the causes and on the date stated above.*

23a. SIGNATURE 588 (Degree or title) Mildred Callen, Justice of the Peace
23b. ADDRESS 5 Mendell, Idaho
23c. DATE SIGNED 4-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3
24b. DATE 4/6/1967
24c. NAME OF CEMETERY OR CREMATORY EVERGREEN
24d. LOCATION (City, town, or county) (State) SEATTLE KING CO. WASH.

DATE REC'D BY LOCAL REG. 4-8-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER J. Forrest Weaver — LICENSE NO. E 353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended April 21, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1644
Local Reg. No. 2949
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location): Box 101

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	E.	McCann	April	7	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married	Feb. 2, 1888	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Ketchum, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John McCann — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary McLaughlin — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 516-07-5084 A
17. INFORMANT'S OWN SIGNATURE / ADDRESS: S.W.Moris, M.D. Hospital Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Bronchus — INTERVAL BETWEEN ONSET AND DEATH: Several Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary Tuberculosis — One Year

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 19, 19 66, *to* April 7, 19 67, *that I last saw the deceased alive on* April 7, 19 67, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. W. Moris, M.D.	Idaho State Tuberculosis Hosp.	4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-11-67	Bellevue Cemetery	Bellevue, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-8-67	Robert S. Meyer	Francis M. Bergin	

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
APR 20 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for John E. McCann (Name on Original Certificate) who died (Was Born or Died) on April 7, 1967 (Date of Event)
in Gooding, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#9 - Age of Deceased	78	79
#14-Mother's Name	Lois Kirtley	Mary McLaughlin

Subscribed and sworn to before me this 19th day of April, 1967

Notary Public, residing at Shoshone

My commission expires 4-9-69

(Seal)

Signed Francis M. Burgin
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

SHOSHONE IDA.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Lincoln }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of April, 1967

Darrell A. Thorne

Notary Public, residing at Shoshone Idaho

My commission expires 4-9-69

(Seal)

Signed Ida B. Stacey
(Signature of Any Credible Person)

SHOSHONE, IDA.
(Street Address, City, State)

FORM DH 60-155

4-17-67

RECEIVED

APR 2 0 1967

Bureau of Vital Statistics

Death

John E. McCann

died

on April 7, 1967

Gooding, Idaho

79 - Age of Deceased

78

79

Mary McLaughlin

Lois Hirtley

14-Mother's Name

STATE OF IDAHO

STATE OF IDAHO

Certificate of Death

RECEIVED

APR 1 1 1967

Bureau of Vital Statistics

STATE OF IDAHO

State File No.
Local Reg. No. 2949
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State Tuberculosis Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location): Box 101

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOHN	E.	McCANN		4	7	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	Feb. 2, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired miner	mining	Ketchum Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John McCann	Ireland	Lois Kintley	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WWI	516 07 5084-A	Hospital Records.	J.W. Moris M.D.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bronchus — INTERVAL BETWEEN ONSET AND DEATH: several mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary tuberculosis — one year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Dec. 19, 1966, *to* April 7, 1967, *that I last saw the deceased alive on* April 7, 1967, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. W. Moris	M.D.	Idaho State Tuberculosis Hosp.	4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	4-11-67	BELLEVUE CEMETERY	BELLEVUE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
4-8-67	Darlene L. Meyer	Francis M. Bergin	SHASHONE, IDAHO

BERGIN FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 13 1967

APR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

State File No. 1645
Local Reg. No. 2951
Reg. Dist. No. 420

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

APR 24 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 240 Gooding 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 545 Utah Street

3. NAME OF DECEASED (Type or Print)
a. (First) Roy
b. (Middle) Daniel
c. (Last) Anderson

4. DATE OF DEATH (Month) (Day) (Year) April 10, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 13, 1894
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Construction & Farming
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Atwood, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Webster Anderson — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Alice Elizabeth Leeper — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-14-0671
17. INFORMANT'S OWN SIGNATURE Robert S. Meyer — ADDRESS Thompson Chapel 737 Main St. Gooding, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3317

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 Apr, 1967, *to* 10 Apr, 1967, *that I last saw the deceased alive on* 9 Apr, 1967, *and that death occurred at* 4 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE Bernard L. Edmerma 049 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 13 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. 4-14-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 12 1982

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. B.A. Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 1646
Local Reg. No. 2952
Reg. Dist. No. 420

BIRTH NO.

RECEIVED APR 26 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 415 Washington Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 532 2nd Ave. West

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Orville	William	Chigbrow	April 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Dec. 21, 1906	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction, // Home	Lumber & Coal	Morganville, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Chigbrow	Concordia, Kan.	Lydia Chayer	Morganville, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-20-8740	X Margaret Chigbrow	Gooding, Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. *I hereby certify that I attended the deceased from* — , 1965, *to* 19 Apr., 1967, *that I last saw the deceased alive on* 15 Apr., 19 67, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leonard A. Erdmann MD	Gooding, Idaho	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-22-67	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-25-67	Kathleen S. Meyer	Robert L. Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1647
Local Reg. No. 2953
Reg. Dist. No. 420

BIRTH NO.

RECEIVED MAY 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Manor 25

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. STREET ADDRESS (If rural, give location) Seventh St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARGARET	ANN	SNODERLY	April 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Married	Aug. 23, 1911	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Jerome, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ross Bruner	Illinois	Nellie Clara Young	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		-	x Claud Snoderly	Wendell, Ida.

5271

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Int. emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-18-61, 19___, *to* 4-26-67, 19___, *that I last saw the deceased alive on* 4-26-67, 19___, *and that death occurred at* 2:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice E. Scheel MD	Wendell, Idaho	May 1-1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 1, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-20-67	Helen Smeyer	W. L. Hove	E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1648
Local Reg. No. 16
Reg. Dist. No. 240

RECEIVED
APR 13 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 250 Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
c. LENGTH OF STAY (in this place) 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ranch 2 miles South of Riggins

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins Rural
d. STREET ADDRESS (If rural, give location) Ranch 2 miles South of Riggins

3. NAME OF DECEASED (Type or Print)
a. (First) KARL
b. (Middle) OSWALD
c. (Last) VOLD

4. DATE OF DEATH (Month) (Day) (Year) April 2, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single
8. DATE OF BIRTH Dec 27, 1920
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Hearder 04
10b. KIND OF BUSINESS OR INDUSTRY Sheep Ranch
11. BIRTHPLACE (State or foreign country) Wisconson
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Tidle Vold — BIRTHPLACE Wisconson
14. MOTHER'S MAIDEN NAME Mollie Westin — BIRTHPLACE Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW 2 4
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Robert Hansen Via Paulson Funeral Home — ADDRESS Grangeville, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9160

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 11:15 A.m., from the causes and on the date stated above.*

23a. SIGNATURE Milton H. Witte M.D. 621 (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 5 Apr. 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 4/5/67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State) Osceola, Wisconson

DATE REC'D BY LOCAL REG. April 8, 1967
REGISTRAR'S SIGNATURE Irma Cone
25. EMBALMER Robert R. Hansen — Robert R. Hansen
LICENSE NO. E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM.~~ In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1649
Local Reg. No. 5
Reg. Dist. No. 242

BIRTH NO. 67-3656

RECEIVED MAY 1 1 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY IN: —
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Keuterville
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print): a. (First) JACK b. (Middle) EDWARD c. (Last) LIGHTFIELD

4. DATE OF DEATH: (Month) (Day) (Year): April 3, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not married

8. DATE OF BIRTH: April 3, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min.: 25

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ----

10b. KIND OF BUSINESS OR INDUSTRY: ----

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Dennis Lightfield
BIRTHPLACE: Cottonwood, Idaho

14. MOTHER'S MAIDEN NAME: Mary Summers
BIRTHPLACE: Tonasket, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: --

17. INFORMANT'S OWN SIGNATURE: Dennis Lightfield
ADDRESS: Cottonwood, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Premature labor. ? Incompetent cervix

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 25 min.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 3, 1967, *to* April 3, 1967, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* 3:10p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Greenwood M.D.

23b. ADDRESS: Keuterville, Idaho

23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 6, 1967

24c. NAME OF CEMETERY OR CREMATORY: Keuterville

24d. LOCATION (City, town, or county) (State): Keuterville, Idaho

DATE REC'D BY LOCAL REG.: May 8, 1967

REGISTRAR'S SIGNATURE: Wesley D. Orr M.D. by m.

25. FUNERAL DIRECTOR: Lic. No. E 421 ADDRESS: Cottonwood, Idaho

Firm Name: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service

Form DPH-43021

b-67-3656

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 20 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1650
Local Reg. No.
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 25
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville, General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater Rural
d. STREET ADDRESS (If rural, give location): Stites, Idaho Rt #1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARNOLD	C.	MANES	April 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	April 4, 1967					few

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child		Grangeville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Almon D. Manes	Clearwater	Virginia Reed	Wendel, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		None	Almon D. Manes	Stites, Idaho Rt 1

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7268 Prematurity — INTERVAL BETWEEN ONSET AND DEATH: 45 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4 April, 1967, *to* 4 April, 1967, *that I last saw the deceased alive on* 4 April, 1967, *and that death occurred at* 1:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Altman	M.D.	Grangeville, Idaho	10 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/5/67	Prairieview	Grangeville, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 13, 1967	Irma Cone	Robert R. Hansen	E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES: D-67-3658

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1651
Local Reg. No. 18
Reg. Dist. No. 240

BIRTH NO.

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville, Idaho
d. STREET ADDRESS (If rural, give location): 413 S.W. 1st

3. NAME OF DECEASED (Type or Print): a. (First) MARIAN b. (Middle) JANE c. (Last) MASON

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: Sept 8, 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): St Paul, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sampson Douglas Mason — BIRTHPLACE: Concord, Mass.

14. MOTHER'S MAIDEN NAME: Emma J. Wunderlich — BIRTHPLACE: Columbia City, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 54 5425

17. INFORMANT'S OWN SIGNATURE: X Eleanor Ritter — ADDRESS: Grangeville, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* 13 April, 1967, *that I last saw the deceased alive on* 12 April, 1967, *and that death occurred at* 9:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Saltzman M.D. (Degree or title)

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 17 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/15/67

24c. NAME OF CEMETERY OR CREMATORY: Prairieview

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: April 26 1967

REGISTRAR'S SIGNATURE: Irma Cone

25. EMBALMER: Robert R Hansen — Robert R Hansen

LICENSE NO.: E 433

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 5 1967

Bureau of Vital Statistics

State File No. 1652
Local Reg. No. 19
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 8
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp. - D.O.A.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clearwater
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dwayne	Alred	Doramus	April	16,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	October 26 1927	39				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger	Lumber	Hewins, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Doramus	Hewins, Kansas	Lois Cruzan	Hewins, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-22-4846	W. Doramus	BOX 442 Kooskia, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) ac. Coronary Occlusion

DUE TO (c) Previous myocardial

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Infarction also

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milton K. Wilson, M.D.	Grangeville, Ida.	1 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 20 1967	Battle Ridge	Stites Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3 1967	Irma Cone	Robert A. Hamm	E433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 22 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1653
Local Reg. No. 22
Reg. Dist. No. 240

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville,
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location): Rural 10 mi S

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Lord

4. DATE OF DEATH (Month) (Day) (Year): Apr 23 67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Feb 23 1874
9. AGE (In years last birthday): 93 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Seymore, Illinois
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Albert Lord — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Alice Boyer — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Karl E. Johnson — ADDRESS: Cottonwood

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* noon, 19 66, *to* present, 19 ___, *that I last saw the deceased alive on* 23 Apr, 1967, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton Hill Ulse M.D.
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 30 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr 27 67
24c. NAME OF CEMETERY OR CREMATORY: Community
24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho

DATE REC'D BY LOCAL REG.: May 15 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Cletus Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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RECEIVED
MAY 10 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1654
Local Reg. No. 20
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home 286

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Mildred
b. (Middle): J
c. (Last): Baldwin

4. DATE OF DEATH (Month) (Day) (Year): Apr 26 67

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug 16 1915
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse 13
10b. KIND OF BUSINESS OR INDUSTRY: Nursing Home
11. BIRTHPLACE (State or foreign country): Rice Creek, Idaho
12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Wilbur Box — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Stella Winstead — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 14 0014
17. INFORMANT'S OWN SIGNATURE: Richard S. Box — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sq. cell carcinoma of cervix — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 4 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. pulmonary emphysema — years

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* April, 1965, *to* April, 1967, *that I last saw the deceased alive on* April 26, 1967, *and that death occurred at* 11:20 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29 67
24c. NAME OF CEMETERY OR CREMATORY: Mount Idaho
24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: May 3 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Cleta Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 1 1967

SEP 5 1967

DEC 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1655
Local Reg. No. 6
Reg. Dist. No. 242

BIRTH NO.

RECEIVED MAY 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) Mark c. (Last) Sonnen

4. DATE OF DEATH: (Month) April (Day) 26 (Year) 67

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: April 26 67

9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours 5 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cottonwood, Idaho

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: John Sonnen — BIRTHPLACE: Greencreek, Idaho

14. MOTHER'S MAIDEN NAME: Lois Wemhoff — BIRTHPLACE: Cottonwood, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: John D Sonnen — ADDRESS: Grangeville

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7610 6 hrs Premature rupture of Membranes — INTERVAL BETWEEN ONSET AND DEATH: 36 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infection of lungs 2° to # - Cause unknown — 6 hrs

DUE TO (c) Apnea after birth for 20 mn Cause unknown — 6 hrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* April 26, 1967, *to* April 26, 1967, *that I last saw the deceased alive on* April 26, 1967, *and that death occurred at* 11:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H Greenwood MD

23b. ADDRESS: Grangeville Idaho

23c. DATE SIGNED: 5-1-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 28 67

24c. NAME OF CEMETERY OR CREMATORY: Prairie View

24d. LOCATION (City, town, or county) (State): Grangeville, Idaho

DATE REC'D BY LOCAL REG.: 5-2-67

REGISTRAR'S SIGNATURE: Wesley F. Orr M.D. Reg. M.

25. EMBALMER: Clyde Uhlorn — LICENSE NO.: E 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-3670

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1656
Local Reg. No. 777
Reg. Dist. No. 244

Certificate of Death

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place): 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Irenous
c. (Last): McPherson

4. DATE OF DEATH (Month) (Day) (Year): April 26 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed + divorced
8. DATE OF BIRTH: Dec. 17, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mule + horse shoer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
11. BIRTHPLACE (State or foreign country): Clearwater, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Stephen I. McPherson — BIRTHPLACE: Unk
14. MOTHER'S MAIDEN NAME: Mollie Strough — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 519-30-7703
17. INFORMANT'S OWN SIGNATURE: Donald D. McPherson — ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gunshot wound to
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): L. upper chest,
DUE TO (c): self-inflicted

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide 2
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Back of home 01
21c. (CITY, TOWN, OR TOWNSHIP) 250 **(COUNTY)** Kooskia Idaho **(STATE)** Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 26 67 5:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at 5:30 P m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse, M.D. 62
23b. ADDRESS: Grangeville, Ida.
23c. DATE SIGNED: 11 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG.: May 13, 1967
REGISTRAR'S SIGNATURE: Claude Irenary
25. EMBALMER: Robert R. Hansen — LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Irenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1657
Local Reg. No. 14
Reg. Dist. No. 640

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Ririe
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3 miles North East of Ririe 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson Rural, Ririe
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Ririe
d. STREET ADDRESS (If rural, give location): 3 miles North East of Ririe

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): DEAN
c. (Last): PICKERING

4. DATE OF DEATH (Month) (Day) (Year): April 5 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 22, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self employed
11. BIRTHPLACE (State or foreign country): Steele City, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Howard Pickering — BIRTHPLACE: Canton, Illinois
14. MOTHER'S MAIDEN NAME: Sarah R. Rogers — BIRTHPLACE: Syracuse, New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-6472
17. INFORMANT'S OWN SIGNATURE: John M. Pickering — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary sclerosis
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: W. L. Nielsen MD 390 (Degree or title): M. D. 1
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: April 8 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: April 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Valentine, Cherry County, Neb.

DATE REC'D BY LOCAL REG.: April 8 1967
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. EMBALMER: R. W. Maddock
LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1658
Local Reg. No. 18
Reg. Dist. No. 640

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark
LENGTH OF STAY (in this place): 1 yr 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Carson Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 326 West 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) EMMA b. (Middle) KINGHORN c. (Last) LEE

4. DATE OF DEATH (Month) (Day) (Year): April 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F. M.	White	Widowed	Nov. 6, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker	X	Lewisville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alexander Kinghorn.	Scotland	Jane Campbell.	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	X		[signature]	Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none performed	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October, 1946 *to* 9 April, 1967, *that I last saw the deceased alive on* 9 April, 1967, *and that death occurred at* 9:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall	M. D.	Rigby, Idaho	11 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 13, 1967	Rose Hill	Idaho Falls, Bonneville, Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
11 April 1967	Mrs A P Eckersell	Bruce A. Eckersell	Rigby, Idaho

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. Apr. 9, 1967

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 1659
Local Reg. No. 982
Reg. Dist. No. 4440

RECEIVED APR 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 401 So. Cedar

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Martha	Almira	Spurgeon	April 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Caucasian	Married 3	Oct. 15, 1876	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Salem, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Hattabaugh	Indiana	Mary Waddell	Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-	X Roy Spurgeon	Jerome, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchopneumonia — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 1, 19 67, *to* April 4, 19 67, *that I last saw the deceased alive on* April 4, 19 67, *and that death occurred at* 8:05p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. L. Howe	M.D.	Jerome Ida	4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 7, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 7 1967	Lorraine M. Roberts	W. L. Howe	E-431

FIRM NAME: Howe Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 29 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1660
Local Reg. No. 983
Reg. Dist. No. 440

Certificate of Death

RECEIVED
APR 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 427 6th. Ave. West 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 427 6th. Ave. West

3. NAME OF DECEASED (Type or Print)
a. (First): Thomas
b. (Middle): Calvin
c. (Last): Luper

4. DATE OF DEATH (Month) (Day) (Year): April 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 14, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Osage, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson Luper — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Marget Snow — BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 429 22 9687
17. INFORMANT'S OWN SIGNATURE: X Russell Luper — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetes arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gangrene of Rt leg — 10 days
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: amputation at knee of L. leg — 3 yrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* apr 10, 1964, *to* apr 5, 1967 *that I last saw the deceased alive on* Apr 4, 1967 *and that death occurred at* 9:10a *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. E. Stout 476 (Degree or title) MD.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal B
24b. DATE: Apr. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Plumlee Cemetery
24d. LOCATION (City, town, or county) (State): Compton, Arkansas

DATE REC'D BY LOCAL REG.: Apr. 7, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 18 1967
Bureau of Vital Statistics

State File No. 1661
Local Reg. No. 986
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 270 Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) StBenedicts Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 505 1st Ave E

3. NAME OF DECEASED (Type or Print)
a. (First) Hazel
b. (Middle) Gray
c. (Last) Summers

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 9 1886
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 10 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Frances Cummins — BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Drent Severe — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-56-7035
17. INFORMANT'S OWN SIGNATURE Melba Gray La Jeunesse — ADDRESS Edmonton Idah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral adenocarcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion — 2 1/2-3 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1945, 19__, *to* 4/8, 1967, *that I last saw the deceased alive on* 4/7/67, 19__, *and that death occurred at* 9 A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Carlyle Smail 477 (Degree or title) MD
23b. ADDRESS Jerome, Idaho
23c. DATE SIGNED 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 11, 67
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls, (State) Idaho

DATE REC'D BY LOCAL REG. April 13, 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. FUNERAL DIRECTOR J R Wiley — ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

MAY 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 16 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

JAN 31 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of A R Wiley Lic. No E 258 at Jerome Idaho on 7/7/67

ADDITIONAL REMARKS by Physician

State File No. 1662
Local Reg. No. 985
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 270 Jerome 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 121 E Av C

3. NAME OF DECEASED (Type or Print)
a. (First) Anton
b. (Middle) Robert
c. (Last) Haberman

4. DATE OF DEATH (Month) April (Day) 8 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec 4. 1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months 4 Days 4 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brillion Wisconsin
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME G Haberman
BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Not Known
BIRTHPLACE N K

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-22-7676
17. INFORMANT'S OWN SIGNATURE Ardell Haberman
ADDRESS Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractures of neck and multiple injuries.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Practically none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~ Hit by car
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Jerome, Ida. 04
21c. (CITY, TOWN, OR TOWNSHIP) 270 Jerome (COUNTY) Jerome (STATE) Idaho

21d. TIME OF INJURY (Month) Apr (Day) 8 (Year) 67 (Hour) 8:23 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Struck by car in crosswalk

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 8:23 p.m., from the causes and on the date stated above.*

23a. SIGNATURE Rutcheber M.D. 583 (Degree or title) Coroner
23b. ADDRESS Jerome Ida
23c. DATE SIGNED 12 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 12.1967
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome (State) Idaho

DATE REC'D BY LOCAL REG. April 13, 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. FUNERAL DIRECTOR J R Wiley
ADDRESS Jerome Idaho

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

OCT 4 1967

AUG 27 1974

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J.R. Wiley Lic. No. E 258 at Jerome Idaho on 4/8/67

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1663
Local Reg. No. 987
Reg. Dist. No. 440

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Benedicts Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 329 2nd West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Wilford	Henry	Claar	April	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov 12 1887	79	5	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired	Janitor	Rexford Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl Claar	Not Known	Laura Trowbridge	Waterloo Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-14-7128	Irene E. Sulkerson	Jerome Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 8 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina pectoris + Stokes-Adams disease — 7-8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Deafness

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1945, 19___, *to* 4/14/67, 19___, *that I last saw the deceased alive on* 4/6/67, 19___, *and that death occurred at* 8:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Carlyle Hurd	MD	Jerome, Idaho	4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/18/1967	Jerome Cemetery	Jerome Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
April 19, 1967	Lowella M. Scherer	O R Wiley	Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J R Wiley Lic. No E 258 at Jerome Idaho on 4/14/67

ADDITIONAL REMARKS by Physician

Certificate of Death

STATE OF IDAHO

State File No. 1664
Local Reg. No. 988
Reg. Dist. No. 440

RECEIVED
APR 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton
LENGTH OF STAY (If dead on arrival): Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Richfield
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LaReen		Hubsmith	Apr. 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	March 15, 1941	26	1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	American Fork, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
L. N. Humphries	Durham, N. C.	Loretta Harris	Pleasant Grove, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		X Ray Ernest Hubsmith	Richfield

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ingestion of approx 600 Gr. Aspirin — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Depression due to
DUE TO (c) severe osteoarthritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	own home	Hazelton Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* none, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ? m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. W. Heber, M.D.	Coroner-4	Jerome Idaho	18 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-20-1967	Richfield Cemetery	Richfield, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 19 1967	Lowella M. Scherer	Francis M. Bergin	E-463

FIRM NAME: Bergin Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1665
Local Reg. No. 789
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAY 4 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 416 1st Ave. E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 416 1st Ave. E.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Carrie	W.	Petersen	April 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed	Sept. 19, 1880	86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Yankton, So. Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Barrington	Wisconsin	Martha Smith	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE.	ADDRESS
NO		519-07-9507	Burma S. Callow	Jerome, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 6-8 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-11, 1967, *to* 4-19, 1967, *that I last saw the deceased alive on* 4-17, 1967, *and that death occurred at* 2:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson MD	Jerome Ida	4-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 22, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 22, 1967	Louella M. Deherel		E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 17 1983

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1666
Local Reg. No. 67
Reg. Dist. No. 120

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 2.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location): Rt #1.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillie	A	West	April 1 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed 2	11-12-1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Bozeman Mont	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Tudor	Mo	Loudica Seright	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 34 5052A	Mrs. Hazel Fox	CdA. Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 12-6, 1966, *to* 4-1, 1967, *that I last saw the deceased alive on* 3-10, 1967, *and that death occurred at* 10:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G Bowlby M.D.		Coeur d'Alene, Idaho	4-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-4-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 6 1967	Lorraine K. Brush	Fred Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1667
Local Reg. No. 62
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
APR 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
c. LENGTH OF STAY IN (this place) 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d' Alene
d. STREET ADDRESS (If rural, give location) 1037 Second St.

3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) c. (Last) Bailey

4. DATE OF DEATH (Month) April (Day) 5, (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married

8. DATE OF BIRTH Feb. 5, 1888

9. AGE (In years last birthday) 79 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Attendant

10b. KIND OF BUSINESS OR INDUSTRY Hospital

11. BIRTHPLACE (State or foreign country) Mass.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Not Available | BIRTHPLACE -------

14. MOTHER'S MAIDEN NAME Not Available | BIRTHPLACE ---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 527-05-3464

17. INFORMANT'S OWN SIGNATURE Mrs Maude B. Bailey | ADDRESS Coeur d'Alene Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 Day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Millitus — Several Years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-4, 1967, *to* 4-5, 1967, *that I last saw the deceased alive on* 4-4, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE William T. Wood M.D. (Degree or title) 592
23b. ADDRESS Coeur d'alene Idaho
23c. DATE SIGNED 4-10-'67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 8,67
24c. NAME OF CEMETERY OR CREMATORY Restlawn Memorial Pk.
24d. LOCATION (City, town, or county) (State) Coeur d' Alene Idaho

DATE REC'D BY LOCAL REG. Apr 12 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Leuff
LICENSE NO. E-439
FIRM NAME: English Chapel-Coeur d'Alene,

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1668
Local Reg. No. 63
Reg. Dist. No. 120

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 24 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Route #1, Box 1

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Charles c. (Last) Horlick

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: May 9, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger-Miner

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering-Mines

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Emmanuel Horlick
BIRTHPLACE: ------

14. MOTHER'S MAIDEN NAME: Caroline -----
BIRTHPLACE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 516-07-6120

17. INFORMANT'S OWN SIGNATURE: Mrs W.A. Martin
ADDRESS: Rathdrum, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5020

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Bronchitis.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 14, 1965, *to* present, 19____, *that I last saw the deceased alive on* April 9, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: APR 19 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 4-15-1967

24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: Apr. 12, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bill Duff
LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1669
Local Reg. No. 65
Reg. Dist. No. 120

RECEIVED
APR 18 1967
BUREAU of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 915 N. 6th Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 915 N. 6th Street

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) A.; c. (Last) Mack

4. DATE OF DEATH: (Month) April (Day) 9, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 30, 1885

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Logger

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Mack
BIRTHPLACE: ------

14. MOTHER'S MAIDEN NAME: Anna Myers
BIRTHPLACE: -----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-3438

17. INFORMANT'S OWN SIGNATURE: Mrs. John Mack
ADDRESS: Coeur d'Alene

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Suicide by Gunshot
INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Coeur d'Alene (COUNTY): Kootenai (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Shot himself in head.

22. *I hereby certify that I attended the deceased from* Did not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D.
(Degree or title): Coroner
23b. ADDRESS: Coeur d'Alene Idaho
23c. DATE SIGNED: 4-10-'67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Apr 12 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: [signature]
LICENSE NO.: E-397
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1670
Local Reg. No. 66
Reg. Dist. No. 120

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CdA. Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Charles	A	Porter	April	9	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	May 5, 1874	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Saw Mill Worker	Lumber	Spring Valley Minn	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Ray Porter	Spokane Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	A S H D. & Congestive failure.	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Generalized Arteriosclerosis.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 12-15-61, 19___, *to* present, 19___, *that I last saw the deceased alive on* 3-28-67, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D.	816 Sherman, Coeur d'Alene, Idaho	APR 11 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-12-67	Harrison	Harrison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 12, 1967	Lorraine K. Brush	Gilbert Yates	E-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Dr. Daugherty

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1671
Local Reg. No. 71
Reg. Dist. No. 12c

BIRTH NO.

APR 24 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN Coeur d' Alene
c. LENGTH OF STAY (in this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN Rathdrum
d. STREET ADDRESS (If rural, give location) Twin Lakes

3. NAME OF DECEASED (Type or Print) a. (First) Berna b. (Middle) Mary c. (Last) Roth

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 10, 1893
9. AGE (In years last birthday) 74 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Bradbury
BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Cora Wilcut
BIRTHPLACE Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-24-1976B2
17. INFORMANT'S OWN SIGNATURE E. E. Berry
ADDRESS Hayden Lake, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia - C.V.A

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13-66, 19___, *to* present, 19___, *that I last saw the deceased alive on* 4-11-67, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) [signature] M.D.
23b. ADDRESS 816 Sherman, Coeur d'Alene, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-14-67
24c. NAME OF CEMETERY OR CREMATORY Pinegrove Cemetery
24d. LOCATION (City, town, or county) Rathdrum, (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 14, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Duff
LICENSE NO. E-439
FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 14 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1672
Local Reg. No. 77
Reg. Dist. No. 120

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: KOOTENAI 28 002
b. CITY OR TOWN: LAKE COEUR D' ALENE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BEAUTY BAY 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON 53
b. COUNTY: SPOKANE 333
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPOKANE
d. STREET ADDRESS (If rural, give location): # E. 316 16th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA b. (Middle) L. c. (Last) LOPES

4. DATE OF DEATH (Month) (Day) (Year): APRIL 11, 1967

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 1-31-1925

9. AGE (In years last birthday): 42 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Lady 23

10b. KIND OF BUSINESS OR INDUSTRY: K-Mart

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Raymond H. Martin BIRTHPLACE: -------

14. MOTHER'S MAIDEN NAME: Louise D. Hauer BIRTHPLACE: -------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 537-18-7277

17. INFORMANT'S OWN SIGNATURE: Elton E. Lopes (Bd) ADDRESS: Coeur d'Alene, Ida.

8234

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify): accident 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Coeur d'Alene 16

21c. (CITY, TOWN, OR TOWNSHIP): Beauty Bay 280 (COUNTY): Kootenai (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: car ran off road into Lake

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. (Degree or title): Coroner 4 — **23b. ADDRESS**: Coeur d'alene Idaho — **23c. DATE SIGNED**: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3 — **24b. DATE**: 4-11-67 — **24c. NAME OF CEMETERY OR CREMATORY**: HAZEN JAEGER FUNERAL H. — **24d. LOCATION** (City, town, or county) (State): SPOKANE, WASHINGTON

DATE REC'D BY LOCAL REG.: April 20, 1967 — REGISTRAR'S SIGNATURE: Lorraine K. Brush — **25. EMBALMER**: Elliott Moe — LICENSE NO.: 398

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: HAZEN JAEGER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1673
Local Reg. No. 76
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: KOOTENAI 28 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of this place): LAKE COEUR D' ALENE
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BEAUTY BAY 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON
b. COUNTY: 33 SPOKANE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SPOKANE
d. STREET ADDRESS (If rural, give location): E. 316 16th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) KATHLEEN b. (Middle) L. c. (Last) LOPES

4. DATE OF DEATH (Month) (Day) (Year): APRIL 11, ~~1976~~ 1967

5. SEX: FEMALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: April 17, 1947

9. AGE (In years last birthday): 19 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03

10b. KIND OF BUSINESS OR INDUSTRY: University of Wash

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Elton E. Lopes — BIRTHPLACE: ---=---

14. MOTHER'S MAIDEN NAME: Martha Louise Martin — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 531-46-3178

17. INFORMANT'S OWN SIGNATURE (RD): Elton E. Lopes — ADDRESS: Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8234

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lake Coeur d'Alene

21c. (CITY, TOWN, OR TOWNSHIP): 28 Beauty Bay (COUNTY): Kootenai (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Car ran off road into Lake

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. 583 (Degree or title): Coroner

23b. ADDRESS: Coeur d' Alene Idaho

23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL 3

24b. DATE: APRIL 11-1967

24c. NAME OF CEMETERY OR CREMATORY: HAZEN JAEGER FUNERAL H.

24d. LOCATION (City, town, or county) (State): SPOKANE, WASHINGTON

DATE REC'D BY LOCAL REG.: April 20-1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: J. Elliott Hazen

LICENSE NO.: 398

FIRM NAME: HAZEN JAEGER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 12 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 1674
Local Reg. No. 46
Reg. Dist. No. 120

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-- Hayden Lake
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 Mi. North on Highway 95

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dan	Frank G.	Primmer	April 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 21, 1902	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Equipment Operator
10b. KIND OF BUSINESS OR INDUSTRY: Highway Dist.
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Charlie Primmer
BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Charlotte Lockman
BIRTHPLACE: Wisconsin
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1919-1925
16. SOCIAL SECURITY NO.: 536-09-3277
17. INFORMANT'S OWN SIGNATURE: Mrs. Dan F. Primmer
ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D.	Coroner	Coeur d'Alene, Idaho	4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Cremation	4-17-1967	Moon Crematory	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 17, 1967	Lorraine K. Brush	Bill Wulff	E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1675
Local Reg. No. 75
Reg. Dist. No. 120

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 28/ 30/
b. CITY OR TOWN Coeur d'Alene (If outside corporate limits, write RURAL and give township) | LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital
d. STREET ADDRESS (If rural, give location) 102 Elm Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28/ b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) F. c. (Last) Craig

4. DATE OF DEATH (Month) (Day) (Year): April 13, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 11, 1931

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.: 35

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Resturant 23

10b. KIND OF BUSINESS OR INDUSTRY: Catering

11. BIRTHPLACE (State or foreign country): Colorado

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unavailable | BIRTHPLACE: ------

14. MOTHER'S MAIDEN NAME: Betty --- | BIRTHPLACE: Unavailable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 562-36-4433

17. INFORMANT'S OWN SIGNATURE X Virginia M. Craig | ADDRESS: Coeur d'Alene Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypovolemic Shock — INTERVAL BETWEEN ONSET AND DEATH: 16 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hemopneumothorax on left & — 16 hours
DUE TO (c) Gunshot wound of abdomen & heart. — 16 hours.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 12, 1967
19b. MAJOR FINDINGS OF OPERATION: Left hemothorax & Gunshot wound left abdomen
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide 3
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Coeur d'Alene 28/ Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 12 67 8 p. m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/12, 1967, *to* 4/13, 1967, *that I last saw the deceased alive on* 4/13, 1967, *and that death occurred at* 12:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 4/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-17-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Lough
LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 20 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 19 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1676
Local Reg. No. 13
Reg. Dist. No. 120

BIRTH NO.

APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 206 Indiana

3. NAME OF DECEASED (Type or Print)
a. (First): Karl
b. (Middle): I.
c. (Last): Wallin

4. DATE OF DEATH (Month) 4 (Day) 14 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Sept 25, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Carpenter 84
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Gustav Gustafson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Charlotte Wallin — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 516-019373A
17. INFORMANT'S OWN SIGNATURE: John O. Wallin — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-17-64, *19*___, *to* present, *19*___, *that I last saw the deceased alive on* 4-14-67, *19*___, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 128
23b. ADDRESS: 816 Sherman, Coeur d'Alene, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4-18-67
24c. NAME OF CEMETERY OR CREMATORY: Hazen-Jaeger crematory
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: Apr. 17, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Duff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1677
Local Reg. No. 69
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene 301
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Florence	E.	Morgan	April	15,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 7, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Tenn.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wilson Buchanan	Unknown	Lula Patton	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-24-3477A	Mrs. Harold King	Coeur d' Alene, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphoid leukemia with Cerebral leukemic — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) implant

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic heart disease — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-1, 1962, *to* 4-15, 1967, *that I last saw the deceased alive on* 4-15, 1967 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
MD	Coeur d'Alene Idaho	4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-15-1967	Short Funeral Home	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 19, 1967	Lorraine K. Brush	Fred H. Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DUTIES: JUN 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Henson

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1678
Local Reg. No. 74
Reg. Dist. No. 120

BIRTH NO.

APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur dA dene
d. STREET ADDRESS (If rural, give location) 1124 Lakeside Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) L.
c. (Last) Brown

4. DATE OF DEATH (Month) (Day) (Year) April 15, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 9, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Own Farm
11. BIRTHPLACE (State or foreign country) Territory of Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME --------
BIRTHPLACE --------
14. MOTHER'S MAIDEN NAME --------
BIRTHPLACE ------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE (BD) Annibel Brown
ADDRESS Coeur d'Alene, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1539

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma (invasive mucoid) Bowel — INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Acute Nephritis — 5 days; Ileus — 10 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/28, 1962, *to* 4/15, 1967, *that I last saw the deceased alive on* 4/15/67, 19__, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 225 (Degree or title) Rev T. Henson M.D.
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-19-1967
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) (State) Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG. April 20, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Duff
LICENSE NO. E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Barclay —

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1679
Local Reg. No. 85
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai MAY 2 1967
b. CITY OR TOWN Coeur d' Alene
c. LENGTH OF STAY IN THIS PLACE 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN Coeur d' Alene
d. STREET ADDRESS 228 E. Spokane

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) R. c. (Last) Stout

4. DATE OF DEATH: (Month) April (Day) 16, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: August 12, 1883

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Purchasing Agent

10b. KIND OF BUSINESS OR INDUSTRY: Colloway Co.

11. BIRTHPLACE (State or foreign country): Iowa

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abram V. Stout — BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Sarah E. Sutton — BIRTHPLACE: Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO. 475-05-3558

17. INFORMANT'S OWN SIGNATURE X E. B. McFarland — ADDRESS Ida. Coeur d'Alene,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-3, 1965, *to* 4-16, 1967, *that I last saw the deceased alive on* 4-16, 1967, *and that death occurred at* 6:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Barclay M.D.

23b. ADDRESS Coeur d'Alene, Idaho

23c. DATE SIGNED 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE 4-17-1967

24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery

24d. LOCATION (City, town, or county) Cedar Falls, (State) Iowa

DATE REC'D BY LOCAL REG. Apr. 24 1967

REGISTRAR'S SIGNATURE Lorraine K. Brueck

25. EMBALMER Bill Neff

LICENSE NO. E-439

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

... Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1680
Local Reg. No. 72
Reg. Dist. No. 120

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 281 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt # 3

3. NAME OF DECEASED (Type or Print)
a. (First): Francis
b. (Middle): Joseph
c. (Last): Smith

4. DATE OF DEATH (Month) (Day) (Year): April 17 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 4-2-1918
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Mead Wash
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Smith — BIRTHPLACE: Minn
14. MOTHER'S MAIDEN NAME: Dora Horseman — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519 42 5449
17. INFORMANT'S OWN SIGNATURE: Mrs. Mildred Smith — ADDRESS: CdA. Rt #3

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9121

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Tension pneumo Thorax — INTERVAL BETWEEN ONSET AND DEATH: 1 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multiple rib fractures & laceration lung — 2 days
DUE TO (c): Laceration of liver & pancreas — 2 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm - 02
21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE): Kootenai County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 15 1967 m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Tractor turned over.

22. *I hereby certify that I attended the deceased from* April 15, 1967, *to* April 17, 1967, *that I last saw the deceased alive on* April 17, 1967, *and that death occurred at* 6 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 192 (Degree or title): M D
23b. ADDRESS: 302 a 5th
23c. DATE SIGNED: 18 April

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-20-67
24c. NAME OF CEMETERY OR CREMATORY: St Thomas
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Apr. 19, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland — LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1681
Local Reg. No. 83
Reg. Dist. No. 12a

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 17th & Elm

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Arthur c. (Last) Young

4. DATE OF DEATH: (Month) (Day) (Year): April 17, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: Oct 1, 1918

9. AGE (In years last birthday): 47
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dental Tech.

10b. KIND OF BUSINESS OR INDUSTRY: Peerless Dentists

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Carl Young
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Amelia M. Walker
BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 471-36-5469

17. INFORMANT'S OWN SIGNATURE: Donna Young (BD)
ADDRESS: Coeur d'Alene, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis
INTERVAL BETWEEN ONSET AND DEATH: Short.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. Coroner (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 4-22-'67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-22-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: Apr 24, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Lenff
LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1682
Local Reg. No. 82
Reg. Dist. No. 120

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Harbor Island

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington
b. COUNTY: Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 617 S. Bernard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gerald	B.	Smith	April 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	April 11, 1923	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance	Domestic	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter Smith	------	-------	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	534-16-5524	Mrs. Gerald B. Smith	Spokane, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide by Carbon Monoxide — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIsignificant CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide ?	Near Harbor Island	Rural - Post Falls Kootenai Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Hose connected to exhaust of Car

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ____, 19___, *that I last saw the deceased alive on* ____, 19___, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D Coroner	Coeur d'Alene, Idaho	4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-25-1967	Riverside Cemetery	Spokane, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 27, 1967	Lorraine K. Brush	N. F. Ripplinger, Jr.	E-397

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 10 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 15 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1683
Local Reg. No. 29
Reg. Dist. No. 120

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): Iday
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hayden Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Theodore	O.	Miller	April	19	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed	Oct 17 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Lumbermill Worker	Lumber	Hoven S. Dak	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None		Kenneth Miller	Hayden Lake Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-15-64, 19___, *to* present, 19___, *that I last saw the deceased alive on* 4-19-67, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	816 Sherman, Coeur d'Alene, Ida.	APR 2 1 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-25-67	Restlawn	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 27, 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1684
Local Reg. No. 87
Reg. Dist. No. 120

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write township): Coeur d'Alene
DURATION OF STAY (in this place): 1day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1102 Adeline

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dominic	John	Nowoj	April 20 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
M	W	Never Married	1-26-65	2				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Clarkston Wash	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Nowoj	Ill.	Joan Lemm	Lewiston Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	None	Mr. Richard Nowoj	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3483

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemophilus Meningitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/19/67, 19____, *to* 4/20/67, 19____, *that I last saw the deceased alive on* 4/20/67, 19____, *and that death occurred at* 5:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lynn C. Fredrickson MD	Coeur d'Alene, Idaho	4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-24-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr 27 1967	Lorraine K. Brush	Fred Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1685
Local Reg. No. 88
Reg. Dist. No. 120

RECEIVED MAY 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place): 18 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1800 Sherman

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1800 Sherman Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	L	Forman	April	22	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	11-18-1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown	Unkown	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 01 0511	B William Forman	CdA. Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Senility

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1962, *to* April 22, 1967, *that I last saw the deceased alive on* April 4, 1967, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Rex Henson	M.D.	Coeur d'Alene Idaho	April 25, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-26-67	St Thomas	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3, 1967	Lorraine K. Brush	Gilbert Yates	E-365

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

wood -

Certificate of Death

STATE OF IDAHO

State File No. 1686
Local Reg. No. 80
Reg. Dist. No. 120

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 904 E. Garden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 904 E. Garden

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Elmer	A.	Nelson	April 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 23, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberman	Planer	Wisc.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Not obtainable	------	Not obtainable	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
-----	------	518-03-4048	Elton A. Nelson	Coeur d'alene, Ida.

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1965, *to* April 22, 1967, *that I last saw the deceased alive on* April 20, 1967, *and that death occurred at* 7 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	572	Coeur d'Alene Idaho	4-26-'67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 26,67	Restlawn Memorial Pk.	Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Apr. 27, 1967	Lorraine K. Brush	D. J. Ripplinger, Jr.	E-397

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1687
Local Reg. No. 78
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAY 2 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 281 Kootenai 002
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cœur d'Alene
c. LENGTH OF STAY (If outside of place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) K M Hosp 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cœur d'Alene
d. STREET ADDRESS (If rural, give location) 2919 Madison St

3. NAME OF DECEASED (Type or Print)
a. (First) Jay
b. (Middle) Ernest
c. (Last) Martin

4. DATE OF DEATH (Month) April (Day) 24 (Year) 1967

5. SEX M
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 7-29-1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Michigan
12. CITIZEN OF WHAT COUNTRY U.S.A.

13. FATHER'S NAME James Martin — BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Mary Whitmore — BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W. I. 3
16. SOCIAL SECURITY NO. 516 01 8438
17. INFORMANT'S OWN SIGNATURE Mrs. Hazel Martin — ADDRESS CdA. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH 42 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. bronchiectasis, malnutrition — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-13, 1964, *to* 4-24, 1967, *that I last saw the deceased alive on* 4-24, 1967, *and that death occurred at* 1:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE C Barclay M.D. (Degree or title)
23b. ADDRESS Coeur d'Alene
23c. DATE SIGNED 4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-28-67
24c. NAME OF CEMETERY OR CREMATORY Restlawn
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. Apr. 27, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Fred Noland
LICENSE NO. E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 16 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 22 1967

MAY 23 1967

JUN 24 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1688
Local Reg. No. 98
Reg. Dist. No. 120

Certificate of Death

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 221 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital 101

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls,
d. STREET ADDRESS (If rural, give location): Rt. 1 Box 89

3. NAME OF DECEASED (Type or Print)
a. (First): Christine
b. (Middle): Gene
c. (Last): Streeter

4. DATE OF DEATH (Month) (Day) (Year): April 24 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 24, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours 4 Min. 19

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant
10b. KIND OF BUSINESS OR INDUSTRY: ------
11. BIRTHPLACE (State or foreign country): Coeur d' Alene, Ida.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Streeter
BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Karen Kay Storlie
BIRTHPLACE: N. Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Charles H. Streeter, Post Falls, Idaho
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

776 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) prematurity (6 mo. pregnancy)

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-24, 1967, *to* 4-25, 1967, *that I last saw the deceased alive on* 4-26, 1967, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 025 (Degree or title): Rosalie Dardey MD
23b. ADDRESS: Coeur d Alene Ida
23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-27-67
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: May 1, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. K. Riplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel-Coeur d' Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-3733

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1689
Local Reg. No. 84
Reg. Dist. No. 12 o

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cœur d'Alene
LENGTH OF STAY (in this place) 3Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 202 S 7th

3. NAME OF DECEASED (Type or Print)
a. (First) Myrtle
b. (Middle) Pearl
c. (Last) Wery

4. DATE OF DEATH (Month) (Day) (Year) April 25 1967

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH 9-21-1886
9. AGE (In years last birthday) 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Dayton Wash
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unkown
BIRTHPLACE Unkown
14. MOTHER'S MAIDEN NAME Unkown
BIRTHPLACE Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) None
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs. Sylvia Atkinson
ADDRESS DeSmet Idaho

151X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 Mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* April, 1967, *that I last saw the deceased alive on* 4-21, 1967, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Frank Dooley MD (Degree or title)
23b. ADDRESS Coeur d'Alene Idaho
23c. DATE SIGNED 4-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-29-67
24c. NAME OF CEMETERY OR CREMATORY Moscow City
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. Apr 27 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Fred Noland
LICENSE NO. E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1690
Local Reg. No. 89
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1302 Front

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edwin	K	Sheaffer	4	26	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	1-4-1889	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Bookkeeping	Civil Service	Adel Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Sheaffer	Ill.	Celina Eby	Ill

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	502 01 2942	Mrs. Bertha Sheaffer	CdA. Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Respiratory failure	Days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary emphysema	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Adeno-carcinoma of prostate with local extension, hepatic and osseous metastases	Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11 April, 1967, *to* 26 April, 1967, *that I last saw the deceased alive on* 25 April, 1967, *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	411 Coeur d'Alene Ave, Coeur d'Alene	29 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-1-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3, 1967	Lorraine K. Brush	Fred Norland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DUTIES: MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1691
Local Reg. No. 86
Reg. Dist. No. 120

RECEIVED MAY 5 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN: Cœur d'Alene
c. LENGTH OF STAY IN THIS PLACE: 10 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 315 Garden

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 315 Garden

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ellen	L.	DeBoer	4	26	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Married 3	10-28-1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Neb	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm VonLoh	Germany	Unkown	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518 26 6951	Mr. Evert Boer	CdA. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Probable Suicide by ingestion of	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Miltown.	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Gangrene of left lower leg.	Unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ~~ACCIDENT~~ SUICIDE ~~HOMICIDE~~ (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Probable 2	Home 01	Coeur d'alene	Kootenai	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		Found at home.

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coroner	Coeur d'alene Idaho	4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 29, 1967	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3, 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1692
Local Reg. No. 87
Reg. Dist. No. 12

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Coeur d'Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Rt # 2.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Buford	Glover	Finch		4	27	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married	8-23-1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumbermill worker	Lumber Mill	Mo.	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Finch	Mo	Annie Neil	Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	533 01 6639	Mrs. Ivalee Finch	Post Falls Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary thrombosis	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, *to* April 27, 1967, *that I last saw the deceased alive on* 27 April, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	502 N 5th	30 April

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-1-67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3, 1967	Lorraine K. Brush	Fred Noland	E493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 5 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1693
Local Reg. No. 91
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 5 1967 Division of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1010 Young (HOME)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1010 Young

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ennis	Wells	Thomas	Apr.	29,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	White	Widowed	9-12-1895	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Retired	Plattsburg, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. I	519-16-2036	Dick Hellings	Spokane, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
No	Home	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D.	Coroner	Coeur d'Alene Idaho	5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2, 67	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 3, 1967	Lorraine K. Brush	Fred H. Noland	E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 9 1967

SEP 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1694
Local Reg. No. 46
Reg. Dist. No. 200

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harvard
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Clarence	Edgar	White	April	1	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Aug. 5, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Owner		Potlatch, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence D. White	Illinois	Edith V. Muzzy	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	535-16-2826	Gerald White	Harvard, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Arrhythmia a	unknown.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary Atherosclerosis	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Moscow Idaho	5 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 5, 1967	Rock Creek Cemetery	Potlatch Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 13, 1967	Patricia L. Kappen	Ronald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 1 01967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1695
Local Reg. No. 45
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 — 313
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jessie	Ethel	Moser	April 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Sept. 3, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	at home	Kennedy Ford, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Elmer Sawyer	Unknown	Edith A. Miller	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-01-4353B	X Edward J. Moser	Potlatch, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca of Lung — 2 mos
DUE TO (c) Ca of Left Breast — 2-3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan. 1965 *to* April 1, 1967, *that I last saw the deceased alive on* April 1, 1967, *and that death occurred at* 9:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. C. Brooks MD	Moscow Idaho	April 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 4, 1967	Catholic Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 7, 1967	Patricia L. Wagner	Conrad Ward	E-80

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1696
Local Reg. No. 51
Reg. Dist. No. 200

Certificate of Death

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (If outside this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa 329

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Angeline
b. (Middle):
c. (Last): Brunner

4. DATE OF DEATH (Month) (Day) (Year): April 7 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 3
8. DATE OF BIRTH: May 5 1875
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Rhode Island
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George DeGranpre — BIRTHPLACE: Unkown
14. MOTHER'S MAIDEN NAME: Unkown — BIRTHPLACE: Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): None — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Mr. Robert Doucet — ADDRESS: Spokane Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis — years
DUE TO (c): Generalized Arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1966 *to* April 7, 1967, *that I last saw the deceased alive on* April 2, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip D. Speckhart 440
23b. ADDRESS: Genesee Idaho
23c. DATE SIGNED: 4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-11-67
24c. NAME OF CEMETERY OR CREMATORY: St Thomas
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: April 27, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: E Russell Short
LICENSE NO.: 420

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shorts Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

...rmant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1697
Local Reg. No. 52
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah — MAY 2 1967 — 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 20 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho — b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) Adams & Troy rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter		Ragacincki	April	9,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	August 1, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer		Ladd, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Berria Ragacincki	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	537-20-0714	Virgil Woodward	Moscow, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchiogenic Carcinoma	2 mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* 9 Apr, 1967, *that I last saw the deceased alive on* 9 Apr 9, 1967, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Moscow Idaho	19 Apr 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 13, 1967	Moscow Catholic Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 27, 1967	Patricia L. Kappen	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1698
Local Reg. No. 48
Reg. Dist. No. 200

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 401 East 8th

3. NAME OF DECEASED (Type or Print)
a. (First): Perry
b. (Middle): Guy
c. (Last): Pearson

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 25, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Canyon City, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William P. Pearson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 535-03-9190A
17. INFORMANT'S OWN SIGNATURE: Ethel Pearson — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Male Cerebral Thrombosis with Paralysis left side — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 3 years
DUE TO (c) Generalized arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* 9-2-, 1941, *to* 4-11-, 1967, *that I last saw the deceased alive on* 4-10-, 1967, *and that death occurred at* 10:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph [illegible] Wilson MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: April 17, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

AUG 20 1986

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release . . . the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1699
Local Reg. No. 50
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Bennett
b. (Middle): Carl
c. (Last): Anderson

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 18, 1890
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Troy, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Anderson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Ada Branting — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-8768
17. INFORMANT'S OWN SIGNATURE: Mrs William Wood — ADDRESS: Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Circulatory insufficiency Heart + BRAIN.
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Atherosclerosis.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 6 days / years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-3-, 1967, *to* 4-11, 1967, *that I last saw the deceased alive on* 4-10, 1967, *and that death occurred at* 2:45 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Omer H Dunn MD
23b. ADDRESS: Troy Idaho
23c. DATE SIGNED: 4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Elwood Cemetery
24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: April 20, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1700
Local Reg. No. 49
Reg. Dist. No. 200

Certificate of Death

RECEIVED APR 24 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow, Idaho
c. LENGTH OF STAY (in this place): 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 725 Larch Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): MARVIN
c. (Last): CLEAVENGER

4. DATE OF DEATH (Month) (Day) (Year): April 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced
8. DATE OF BIRTH: February 11, 1899
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Carpenter
11. BIRTHPLACE (State or foreign country): Leavenworth County, Kansas
12. CITIZEN OF WHAT COUNTRY?: U. S.

13. FATHER'S NAME: John W. Cleavenger — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Clara E. Geisen — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 566-07-5761
17. INFORMANT'S OWN SIGNATURE: Jack Cleavenger — ADDRESS: Post Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 Week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral arteriosclerosis — 20 years
DUE TO (c): Generalized arteriosclerosis — 20-30 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 6-30-65 *, 1965, to* 4-11-, *1967, that I last saw the deceased alive on* 4-10, *1967, and that death occurred at* 1240 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph F. Wilson MD
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-67
24c. NAME OF CEMETERY OR CREMATORY: Freeze Cemetery
24d. LOCATION (City, town, or county) (State): Latah County, Idaho

DATE REC'D BY LOCAL REG.: April 17, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: H. E. Kimball
LICENSE NO.: E 269

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Kimball Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1701 47
Local Reg. No.
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash. 48
b. COUNTY 555 Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palouse
d. STREET ADDRESS (If rural, give location) South Hill

3. NAME OF DECEASED (Type or Print) a. (First) TERRY b. (Middle) DALE c. (Last) JEFFERS

4. DATE OF DEATH (Month) April (Day) 11, (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH April 7, 1967

9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days 5 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02

10b. KIND OF BUSINESS OR INDUSTRY None

11. BIRTHPLACE (State or foreign country) Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Ancel Jeffers — BIRTHPLACE Palouse, Wash.

14. MOTHER'S MAIDEN NAME Jean Hawkes — BIRTHPLACE New Westminister, B. C.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Ancel L. Jeffers ADDRESS Palouse, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Right Heart Failure — INTERVAL BETWEEN ONSET AND DEATH 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intra Atrial & Ventricular Septal Defects 4 days
DUE TO (c) Congenital Anomaly

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
(1) Bronchopneumonia
(2) Hyperkalemia.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/7/67 19__, *to* 4/11/67 19__, *that I last saw the deceased alive on* 4/11/67 19__, *and that death occurred at* 8:40 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas D. Burd M.D. 017

23b. ADDRESS Moscow, Idaho

23c. DATE SIGNED 4/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-14-1967

24c. NAME OF CEMETERY OR CREMATORY Freeze Cemetery

24d. LOCATION (City, town, or county) Latah Co., Idaho (State)

DATE REC'D BY LOCAL REG. April 17, 1967

REGISTRAR'S SIGNATURE Patricia L. Kappen

25. EMBALMER R. E. Kimball

LICENSE NO. E269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: b-67-3743

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1702
Local Reg. No. 56
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 42 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 615 N. Jefferson

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Joseph	Michael	Bosse	April 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	April 16, 1967					42

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00	02	Moscow, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Bosse	Chevelah, Wash.	Ethelinda Riedner	Colton, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Donald J. Bosse	Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7955

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Unknown — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 16, 19 67, *to* April 16, 19 67, *that I last saw the deceased alive on* April 16, 19 67, *and that death occurred at* 6:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D R Adams MD 101	Moscow, Idaho	5/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 19, 1967	Colton Catholic Cemetery	Colton Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 10, 1967	Patricia L. Kappes	E. R. Short	E-420

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: D-67-3758

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1703
Local Reg. No. 54
Reg. Dist. No. 200

Certificate of Death

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 812 E. 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First): Karl
b. (Middle): H.
c. (Last): Klages

4. DATE OF DEATH (Month) (Day) (Year): April 19 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 27, 1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Professor 12
10b. KIND OF BUSINESS OR INDUSTRY: Agronomy
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Klages — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Emily Hober — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-4732
17. INFORMANT'S OWN SIGNATURE: Mrs K. H. W. Klages — ADDRESS: Moscow, Ida.

5701

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broncho-pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral sclerosis — many months
DUE TO (c): Illius — about 3 weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on* April 19, 1967, *and that death occurred at* 8:45 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Doyle M Loehr 318 MD (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 4-25-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 4-22-1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: April 28, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 2 1967 Bureau of Vital Statistics

State File No. 1704
Local Reg. No. 53
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291 b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Moscow Manor Apts.

3. NAME OF DECEASED (Type or Print): a. (First) Carrie b. (Middle) Inez 329 c. (Last) Bush

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Nov 7, 1881

9. AGE (In years last birthday): 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Yamhill, Oregon

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: W. J. McConnell BIRTHPLACE: Mich.

14. MOTHER'S MAIDEN NAME: Louisa Brown BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-34-0398

17. INFORMANT'S OWN SIGNATURE: Mary Louise Perrine ADDRESS: Thoreau, N.M.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

350 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinsons Disease — 20 years
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Oct 1, 1936, *to* 4-19, 1962, *that I last saw the deceased alive on* 4-19, 1967, *and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Earl N Dunn MD (Degree or title) **23b. ADDRESS**: Moscow Idaho **23c. DATE SIGNED**: 4-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial **24b. DATE**: 4-21-1967 **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: April 27, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kaseen
25. EMBALMER: Donald Ward LICENSE NO.: E-380
FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1705
Local Reg. No. 55
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 19 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 825 S. Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dora
b. (Middle): Charlotte 329
c. (Last): Rach

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 13, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Uniontown, Washington
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Matthias Carbuhn — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Louise Scharnhorst — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-54-0041
17. INFORMANT'S OWN SIGNATURE: X Myrtle Rach — ADDRESS: 825 S. Washington Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis and diabetes — years
DUE TO (c): Myocardial heart disease — years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Tumor of thyroid, rheumatoid arthritis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 4-29, 19 67, *and that death occurred at* 7:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Doyle M Lochs MD — 310 (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: May 2, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: May 5, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1706
Local Reg. No. 57
Reg. Dist. No. 200

BIRTH NO.

MAY 16 1967
3-01
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 24 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 050 Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Sanders - Tensed
d. STREET ADDRESS (If rural, give location): Rural Sanders

3. NAME OF DECEASED (Type or Print): a. (First) Katherine b. (Middle) Elizabeth c. (Last) Rusch

4. DATE OF DEATH (Month) (Day) (Year): April 29 1967

5. SEX: F.

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: April 5 1888

9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife C

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Alinback Russia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Busch — BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Katherine Urich — BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 60 4830

17. INFORMANT'S OWN SIGNATURE: Marie Berreth — Mrs. Marie Berreth — ADDRESS: Sanders, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 4281 Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Atherosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1963, *to* Apr, 1967, *that I last saw the deceased alive on* 29 Apr, 1967, *and that death occurred at* 1230 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D57

23b. ADDRESS: Moscow Idaho

23c. DATE SIGNED: 3 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-3-1967

24c. NAME OF CEMETERY OR CREMATORY: Goldenrod cemetery

24d. LOCATION (City, town, or county) (State): Tekoa, Whitman, Wa.

DATE REC'D BY LOCAL REG.: May 10, 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: R. E. Kimball

LICENSE NO.: E 269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 2 1987

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1707
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
APR 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Lemhi 300 1-50
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
LENGTH OF STAY (in this place) 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Lemhi 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Salmon
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ertel	Vaughn	Clark	April 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Dec. 11, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
teacher 12		Humbolt City, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Clark	unknown	Anna Blair/	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-34-7517	Mrs Vaughn Clark	Salmon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	5271 Emphesema + Pulmon	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	any fibrosis	10 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* Death, 19__, *that I last saw the deceased alive on* April 18 19 67 *and that death occurred at* 3:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W L Blackadar MD 045	W. L. BLACKADAR M.D. BOX 1110 SALMON, IDAHO 83467	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CRE	24d. LOCATION (City, town, or county) (State)
Transport.	4-19-67/	University of Utah	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 24-67	Veola E. Johnson	Delbert C. Jones	E369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1708
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 4 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): U.S. HIWAY #93
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Milepost 270.9½ 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Michael
b. (Middle): Dean
c. (Last): Dillon

4. DATE OF DEATH (Month) (Day) (Year): Apr. 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Apr. 25, 1948
9. AGE (In years last birthday): 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mining 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ben Dillon (Benhard) — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Fannie Renneker — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): Natl. Guard at death 6
16. SOCIAL SECURITY NO.: 519-48-2592
17. INFORMANT'S OWN SIGNATURE: Mrs Ben K Dillon — ADDRESS: Salmon, Ida.

8254

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Automobile accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Hiway #93 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Milepost 270.9½ Lemhi 300 Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 23, 1967 m. 0
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile accident

22. *I hereby certify that I attended the deceased from* none, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 2 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. Moore Atty 369
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: April 29-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C Jones — LICENSE NO. E 369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: JonesFuneral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1709
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 4 1967 Vital Statistics Bureau

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): U.S. HIWAY #93
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Milepost 270.9½ 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Custer 190
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clayton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Charles b. (Middle) Thomas c. (Last) Longley aka Charles Longley

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Mar. 8, 1944	23				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Chester Longley — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Marjorie M. Allison — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-48-3177
17. INFORMANT'S OWN SIGNATURE: Madeline Davis — ADDRESS: Salmon, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: none

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US Hiway #93 06
21c. (CITY, TOWN, OR TOWNSHIP): Milepost 270.9½ (COUNTY): 300 Lemhi (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Apr. 23, 1967 m. 0
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile accident

22. *I hereby certify that I attended the deceased from* none, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 2 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W Moore MD (Degree or title): 369
23b. ADDRESS: Salmon, Idaho
23c. DATE SIGNED: 4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-26-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: April 29-67
REGISTRAR'S SIGNATURE: Viola E Johnson
25. EMBALMER: Delbert C Jones
LICENSE NO.: EX 369
FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1710
Local Reg. No. 1
Reg. Dist. No. 23F

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lewis 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont rural
c. LENGTH OF STAY (in this place): 35 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): own home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis 310
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont, rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Delina - b. (Middle) Willcox c. (Last) Melcum

4. DATE OF DEATH: (Month) April (Day) 7 (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: 4-21-1912

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Lealenan, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew James Willcox BIRTHPLACE: Paw-Paw, Mich.

14. MOTHER'S MAIDEN NAME: Ella Heathcook BIRTHPLACE: Memphis Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518 56 0277

17. INFORMANT'S OWN SIGNATURE: Bertie L. Melcum ADDRESS: Craigmont Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4344

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Attack — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO XX

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Philip E. Clouse - 583 4 Coroner, Lewis Co.

23b. ADDRESS: Craigmont Idaho

23c. DATE SIGNED: 4-8[illegible] 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem burial

24b. DATE: 4-10-1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-8-67

REGISTRAR'S SIGNATURE: P. Clouse

25. EMBALMER: Wm. Black

LICENSE NO.: E426

FIRM NAME: Clovis Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1711
Local Reg. No. 643
Reg. Dist. No. 430

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lincoln 320 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 125 N. Lincoln

3. NAME OF DECEASED (Type or Print)
a. (First): OMAN
b. (Middle): E.
c. (Last): MOYES

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1967

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: May 28, 1906
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Used Car
11. BIRTHPLACE (State or foreign country): Lyman, Wyoning
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Moyes — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Sarah Allen — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-12-7038
17. INFORMANT'S OWN SIGNATURE: Mrs. James J. Marshall — ADDRESS: Jerome

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Arteria Occlusion — INTERVAL BETWEEN ONSET AND DEATH: indeed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature], Coroner 4 — 583 (Degree or title)
23b. ADDRESS: Box 68 Shoshone Idaho
23c. DATE SIGNED: April 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Mem. Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-20-67
REGISTRAR'S SIGNATURE: Francis M Bergin
25. EMBALMER: Francis M. Bergin — LICENSE NO. E-463

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 2 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1712
Local Reg. No. 15
Reg. Dist. No. 630

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 APR 24 1967 000
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY in this place:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45 b. COUNTY: 555 Utah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Fork
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Alexander b. (Middle) J 23 c. (Last) Christensen

4. DATE OF DEATH: (Month) March (Day) 15, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 14, 1878

9. AGE (In years last birthday): 88 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman 04

10b. KIND OF BUSINESS OR INDUSTRY: Cattle Raising

11. BIRTHPLACE (State or foreign country): Lehi, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Nels Christen Christensen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Mette Marie Jorgensen — BIRTHPLACE: Veddum, Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 529-24-4653A

17. INFORMANT'S OWN SIGNATURE: Mrs John L Clarke ADDRESS: 246 E. Main Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Traumatic Injury to Cerebrum — INTERVAL BETWEEN ONSET AND DEATH: Feb 20 1967

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Back (Shock)
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT XX SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Daughters Home 01

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rexburg, Madison, Idaho 331

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2-20-67 3p m

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell at daughters home while visiting

22. *I hereby certify that I attended the deceased from* Feb 2, 1967, *to* Mar 15, 1967, *that I last saw the deceased alive on* Mar 15, 1967, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: Rexburg Idaho — **23c. DATE SIGNED**: Mar 16 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: 3/16/67 — **24c. NAME OF CEMETERY OR CREMATORY**: American Fork Cemetery — **24d. LOCATION** (City, town, or county) (State): American Fork Utah

DATE REC'D BY LOCAL REG.: 3-16-67 — **REGISTRAR'S SIGNATURE**: Leona Flamm — **25. EMBALMER**: Russel Flamm — LICENSE NO.: E254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1713
Local Reg. No. 76
Reg. Dist. No. 630

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 331 APR 24 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg Bureau of Vital Statistics
c. LENGTH OF STAY (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WARREN b. (Middle) JOHN c. (Last) COLLIER

4. DATE OF DEATH (Month) March (Day) 25, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Feb. 20, 1914
9. AGE (In years last birthday) 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Iona, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Warren Ward Collier — BIRTHPLACE Montana
14. MOTHER'S MAIDEN NAME Emma Jane Dixon — BIRTHPLACE Cook County, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-10-5928
17. INFORMANT'S OWN SIGNATURE Birmie Carter — ADDRESS Lorenzo Rt. 1 Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary edema, acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Exact mechanism undetermined
DUE TO (c) Hyperplasia, bilateral, adrenals

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

274X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Natural
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Rexburg (COUNTY) Madison (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 9:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE T. Mitchell 746 (Degree or title) M.D.
23b. ADDRESS L.D.S. Hospital Idaho Falls, Ida.
23c. DATE SIGNED 4/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/30/67
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) Rexburg Madison (State) Idaho

DATE REC'D BY LOCAL REG. 4-6-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Kenneth Flamm — LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Information: Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publlc records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1714
Local Reg. No. 12
Reg. Dist. No. 630

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 33 APR 24 1967 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MADISON MEMORIAL Rexburg Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220 b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chester
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) LeROY b. (Middle) DANIEL 123 c. (Last) HOBBS

4. DATE OF DEATH (Month) (Day) (Year) April 5, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct., 22, 1901
9. AGE (In years last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barber and Farmer 21
10b. KIND OF BUSINESS OR INDUSTRY Self Employed
11. BIRTHPLACE (State or foreign country) St. Anthony (Twin Groves) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Hobbs — BIRTHPLACE Parowan, Utah
14. MOTHER'S MAIDEN NAME Mary Hathaway — BIRTHPLACE North Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Leon Hobbs — ADDRESS Akron, Ohio

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Large Bowel — INTERVAL BETWEEN ONSET AND DEATH 3 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mesenteric Thrombosis — –
DUE TO (c) Bowel Resection & Colostomy 3-13-67 — 23 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION Carcinoma Large bowel Dr. H. R. Reichman Salt Lake City, Utah
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1967, *to* 4-5, 1967, *that I last saw the deceased alive on* 4-5, 1967, *and that death occurred at* 8A m. *from the causes and on the date stated above.*

23a. SIGNATURE DDHoffman 233, MD (Degree or title)
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 4-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10 April 67
24c. NAME OF CEMETERY OR CREMATORY Wilford Cemetery
24d. LOCATION (City, town, or county) (State) St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG. 4-14-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER M. L. Hansen — LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1715
Local Reg. No. 13
Reg. Dist. No. 630

Certificate of Death

RECEIVED
APR 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GENEVA
b. (Middle): GARNER
c. (Last): RAYBOULD

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 27, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William F. Garner — BIRTHPLACE: Ogden, Utah
14. MOTHER'S MAIDEN NAME: Sarah H. Furness — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-7833A
17. INFORMANT'S OWN SIGNATURE: Leland B. Raybould — ADDRESS: Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1947, *to* April 7, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. F. Reg. 442
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: April 10 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county) (State): Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.: 4-11-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1716
Local Reg. No. 14
Reg. Dist. No. 630

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Madison 321 000
b. CITY OR TOWN Rexburg
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Monteveiw)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) FRANK b. (Middle) EDWARD 123 c. (Last) DRING

4. DATE OF DEATH (Month) April (Day) 13, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 14, 1904
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St Louis, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Dring BIRTHPLACE Orville, Missouri
14. MOTHER'S MAIDEN NAME Henretta Hokmann BIRTHPLACE Orville, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-38-3478
17. INFORMANT'S OWN SIGNATURE Bertha Dring ADDRESS Monteveiw, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

33.1X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1960, to 4-13, 1967, that I last saw the deceased alive on 4-13, 1967, and that death occurred at 11 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Lester A Petersen 413 MD
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/15/67
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial
24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonn. Idaho

DATE REC'D BY LOCAL REG. 4-14-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Kenneth Flamm LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1717
Local Reg. No.
Reg. Dist. No. 630

RECEIVED MAY 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Green Nursing Home 228

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410 b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bates
d. STREET ADDRESS (If rural, give location): Via Driggs, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WALTER	JOHN	WOOD	15 April 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	27 March 1882	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Elba, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Lee Wood	Galena, Ill.	Mary Ann Cockerill	Warwickshire, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-------	518-56-3238	Leona Wood Larsen	American Fork, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary arteriosclerosis — several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* April 15, 1967, *that I last saw the deceased alive on* April 15, 1967, *and that death occurred at* 7:15P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Walter J. Ellsworth 413 (Degree or title) M.D.	Rexburg, Idaho	4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	18 April 1967	Bates Cemetery	Bates, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-22-67	Leona Hamm	Robert O. Bean	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1718
Local Reg. No. 34
Reg. Dist. No. 450

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 000
b. CITY OR TOWN: Rupert
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 091 East 100 North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340 b. COUNTY: Minidoka
c. CITY OR TOWN: Rupert
d. STREET ADDRESS (If rural, give location): 091 East 100 North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ronald	Merle	Fagg	April 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Aug 22 1919	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocery store owner	and operator	Oscola Nebraska	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ronald Merle Fagg 22	Arlington Nebraska	Myrtle Bartlett	St Paul Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES W.W.II	519-12-2733	Mrs Ron Fagg	Rupert Idah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 4, 1967 *to* April 4, 1967, *that I last saw the deceased alive on* 4-4, 1967, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
I. H. Hunt 255 MD	Rupert, Idaho	4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 7 1967	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-12-67	Mary Ellen Carlson	Robert E Walk	E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 24 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1719
Local Reg. No. 37
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1235 Yale Ave

3. NAME OF DECEASED (Type or Print): a. (First) Nancy b. (Middle) Fay 125 c. (Last) Steube

4. DATE OF DEATH: (Month) Apr (Day) 7 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan 13 1886

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY: 01

11. BIRTHPLACE (State or foreign country): White County Illinois

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Harrell
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Nancy Fay Hiley
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-24-6084

17. INFORMANT'S OWN SIGNATURE: Goldie Dolan
ADDRESS: Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General Debility of Age
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Pyelitis

4918

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* Apr. 7, 1967, *that I last saw the deceased alive on* Apr. 7, 1967, *and that death occurred at* 8:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. W. Crawford, M.D. 740

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 11 1967

24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery

24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 4-20-67

REGISTRAR'S SIGNATURE: Mary Ellen Seabert

25. EMBALMER: Robert C. Walk

LICENSE NO.: E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1720
Local Reg. No. 36
Reg. Dist. No. 410

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
STAY (in this place): one day

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340 b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital
d. STREET ADDRESS (If rural, give location): 18th and V street

3. NAME OF DECEASED (Type or Print): a. (First) Diamantina b. (Middle) Espinza c. (Last) Ybarra

4. DATE OF DEATH: (Month) April (Day) 12 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan 29 1966

9. AGE (In years last birthday): one year | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 02

10b. KIND OF BUSINESS OR INDUSTRY: none

11. BIRTHPLACE (State or foreign country): Hanford Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Julian Sanchez Ybarra
BIRTHPLACE: Rock Springs Texas

14. MOTHER'S MAIDEN NAME: Mary Elian Espinoza
BIRTHPLACE: Victoria Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: x Adriana Ybarra
ADDRESS: Heyburn Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Not known.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pneumonitis — Sev hours.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* April 12, 19 67, *that I last saw the deceased alive on* Apr. 12, 19 67, *and that death occurred at* 8:10 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C S Dalley 127 M D

23b. ADDRESS: 702 G St Rupert Ida

23c. DATE SIGNED: 4/14/67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr 15 1967

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 4-20-67

REGISTRAR'S SIGNATURE: Mary Ellen Carlson

25. EMBALMER: Robert E Walk

LICENSE NO.: E 294

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1721
Local Reg. No. 55
Reg. Dist. No. 450

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

340 3-04

1. PLACE OF DEATH
a. COUNTY: Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 348
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Joseph b. (Middle) 125 c. (Last) Hansen

4. DATE OF DEATH: (Month) April (Day) 13, (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Feb. 15, 1878
9. AGE (In years last birthday): 89 | If UNDER 1 YEAR: Months, Days | If UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Logan, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Jens N. Hansen - BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Mary Christena Jorgensen - BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-40-9337
17. INFORMANT'S OWN SIGNATURE: Mrs Joseph Hansen ADDRESS: Rupert Rt 2

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: about 24h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arterial sclerosis — Not Known
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe pleural effusion probably due to malignancy in left chest.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* Apr 13, 19 67, *and that death occurred at* 11:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: O J Dalley (Degree or title) MD
23b. ADDRESS: 702 1st Rupert Idaho
23c. DATE SIGNED: 4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 4/17/67
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert, Idaho

DATE REC'D BY LOCAL REG.: 4-17-67
REGISTRAR'S SIGNATURE: Mary Ellen Barker
25. EMBALMER: [signature]
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 9 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1722
Local Reg. No. 38
Reg. Dist. No. 450

RECEIVED
APR 28 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN Rupert
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION 815 5th street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Minidoka 340
c. CITY OR TOWN Rupert
d. STREET ADDRESS (If rural, give location) xx 815 5th street

3. NAME OF DECEASED (Type or Print) a. (First) Benjiman b. (Middle) Franklin c. (Last) Spittler

4. DATE OF DEATH (Month) (Day) (Year) Apr 24 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov 5 1874
9. AGE (In years last birthday) 92 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Hamburg New York
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE John George Spittler-Baden Germany
14. MOTHER'S MAIDEN NAME BIRTHPLACE Catherine Schnierle-Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-54-1054
17. INFORMANT'S OWN SIGNATURE Ben Spittler ADDRESS 473 E 1 So Logan

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self inflicted gun shot wound in center of fore head — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Despondency-Senelity
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9766

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 340 (COUNTY) (STATE) Rupert Minidoka County Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Apr 24 1967 4P.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not see alive *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Walk (Degree or title) Coroner 4
23b. ADDRESS 710 6th street Rupert
23c. DATE SIGNED Apr 26 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE Apr 28 1967
24c. NAME OF CEMETERY OR CREMATORY Logan City Cemetery
24d. LOCATION (City, town, or county) (State) Logan Utah

DATE REC'D BY LOCAL REG. 4-27-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H Peoms
LICENSE NO. E 494
FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECE

Certificate of Death

STATE OF IDAHO

State File No. 1723
Local Reg. No. 83
Reg. Dist. No. 220

BIRTH NO.

APR 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 620 Lindsay Creek Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Gladys
b. (Middle): Mae
c. (Last): Shaughnessy

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 19, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Spokane, Washington
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Steve Hepton — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-48-3084A
17. INFORMANT'S OWN SIGNATURE: J. M. Shaughnessy — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5702

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): mesenteric thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* April 2, 1967, *that I last saw the deceased alive on* April 2, 1967, *and that death occurred at* 12:15 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssowme 083 (Degree or title)
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-6-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar — LICENSE NO.: E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

MAY 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1724
Local Reg. No. 84
Reg. Dist. No. 220

RECEIVED
APR 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 35 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis 310
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nezperce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
AARON	ANDREW	WIMPY	April	2	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	3 Married	14 Feb. 1883	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
Farmer 04	Stock/Grain	Latah, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Wimpy	Georgia	Mary Ann Anderson	Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 42 0575 A	Bertha A Wimpy	Nezperce, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2001 Bronchopneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Lymphosarcoma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 2 wks
(b) 4 yrs
(c)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* 4-2, 1967, *that I last saw the deceased alive on* 4-1, 1967, *and that death occurred at* 2:50 AM., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
Donald D Urbahns 350	Lewiston Idaho	4-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 24	5 Apr 1967	Nezperce Cemetery	Nezperce, Lewis Co, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-7-67	Mildred Hughes	L. E. DeBaun	E-295

Malcom's Brower-Wann Memorial Chapel

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

REC

Certificate of Death

STATE OF IDAHO

State File No. 1725
Local Reg. No. 92
Reg. Dist. No. 220

BIRTH NO.

APR 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 35 Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1801-7th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Maureen b. (Middle) Violet c. (Last) Pehley

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 widowed
8. DATE OF BIRTH: Nov. 28, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Registered Nurse 13
10b. KIND OF BUSINESS OR INDUSTRY: St. Joseph's Hosp.
11. BIRTHPLACE (State or foreign country): Madison, Wisconsin
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: George Watts — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Julia — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 538-20-3829
17. INFORMANT'S OWN SIGNATURE: Harvey L. Scott — ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE HEART FAILURE — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart Disease — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 12, 1967, *to* Apr 3, 1967, *that I last saw the deceased alive on* Apr 3, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John L. Armstrong 013 (Degree or title) MD
23b. ADDRESS: 307 1st Natl Bk Bldg
23c. DATE SIGNED: 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: Apr. 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-6-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vasser
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

MAY 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1726
Local Reg. No. 100
Reg. Dist. No. 22

RECEIVED APR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 3-02
b. CITY OR TOWN Lewiston
LENGTH OF STAY (in this place) 2 da.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 18 b. COUNTY Clearwater
c. CITY OR TOWN Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MORRIS	J.	ADAMS	April 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	March 14, 1921	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 09	State Highway Dept.	Orofino, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
S. J. Adams	unknown	Lena Curtis	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II 4	518-18-8916	x June Adams	Orofino, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARDIAC ARREST (IN SURGERY) — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
WITH CEREBRAL ANOXIA + HYPOXIA
DUE TO (b)
DUE TO (c) RELATIONSHIP TO (INITIAL) CHEST INJURY UNCERTAIN

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
MULTIPLE FRACTURES (RIBS, HIP, TIBIA) — 3 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-3-67	OPEN FIXATION HIP FRACTURE	YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
	02 OWN FARM	000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4-1-67 11 A m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	TRACTOR ROLLED OVER HIM

22. *I hereby certify that I attended the deceased from* 4-1, 1967, *to* 4-4, 1967, *that I last saw the deceased alive on* 4-4, 1967, *and that death occurred at* 2:18 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard R. Thorson MD787	307 St John's Way · Lewiston Idaho	4-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 7, 1967	Weseman	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 10, 1967	June M. Powell	Lyle C. Stoltzmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

APR 28 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1727
Local Reg. No. 101
Reg. Dist. No. 220

BIRTH NO. 1-01

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lewiston
c. LENGTH OF STAY (in this place) 10 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 180 Clearwater
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Southwick
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MINNIE	H.	McGUIRE	April 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	May 29, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	Own home	Watauga Co. NC	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Allan R. King	North Carolina	Mary Harbin	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Georgia C Reece	Southwick, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) None, except

DUE TO (c) infirmities of age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 3, 1967, *to* April 4, 1967, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* 2:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Stover, M.D. 507	939 Bryden Ave., Lewiston, Idaho	4/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	April 8, 1967	Normal Hill	Lewiston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 7, 1967	Josephine K. Gilbert	Lyle A. Stoltman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1728
Local Reg. No. 87
Reg. Dist. No. 220

RECEIVED
APR 19 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce 351 3-11
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 123-Delso Lane

3. NAME OF DECEASED (Type or Print)
a. (First): Vesta
b. (Middle): Viola
c. (Last): Leeper

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 22, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Culdesac, Idaho.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: E.M. Parks — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Hattie Burks — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-01-0668
17. INFORMANT'S OWN SIGNATURE ADDRESS: 1104-7th Eula Dyken - Clarkston

18. CAUSE OF DEATH 5810
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cirrhosis of Liver.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ? focal abscess & necrosis. 3 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1946, *to* April 5, 1967, *that I last saw the deceased alive on* April 5, 1967, *and that death occurred at* 12:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssow MD 083 (Degree or title)
23b. ADDRESS: 9th & Main Lewiston Idaho
23c. DATE SIGNED: 4/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 4-7-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: Andrew F. Vassar
LICENSE NO.: E315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1729
Local Reg. No. 90
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 19 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Nez Perce 35

b. CITY OR TOWN: Lewiston

c. LENGTH OF STAY (If this place): 000

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 35

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 1434 Idaho St.

3. NAME OF DECEASED (Type or Print)

a. (First): CLARENCE

b. (Middle):

c. (Last): GRAHAM

4. DATE OF DEATH: (Month) Apr. (Day) 7, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 16 Feb. 1890

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Service 08

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Spokane, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: F. S. Graham — BIRTHPLACE: Bolwing Green, Ky.

14. MOTHER'S MAIDEN NAME: Margaret Jackson — BIRTHPLACE: Princeton, Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): YES — (If yes, give war or dates of service): WW-I & 2

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Lyman E. Graham — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Myocardial Infarction — Recent

DUE TO (c): A & V disease — yrs.

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

Recent CVA c Hemiplegia — 3 mos

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5/21, 1965, *to* 4/7, 1967, *that I last saw the deceased alive on* 4/7, 1967, *and that death occurred at* 7:42 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: George Alden Thompson 531 (Degree or title) MD

23b. ADDRESS: 717 - 6th St Clarkston Wn

23c. DATE SIGNED: 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10 Apr. 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-11-67

REGISTRAR'S SIGNATURE: Mildred Hughes

25. EMBALMER: W. E. Black — LICENSE NO. E-426

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 19 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1730
Local Reg. No. 88
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nezperce 351 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 2 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Lewis 308
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eva		Smith	April	7	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	12-28-1871	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01		Van Wert, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
I. P. Goin	unknown	Elzira Smith	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Ray Smith	Craigmont, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Infirmities of Age — 20 Yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 11, 19 66 *to* April 7, 19 67, *that I last saw the deceased alive on* March 24, 1967, *and that death occurred at* 6:05 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible] 507 [illegible], M.D	939 Bryden Ave., Lewiston, Idaho	4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem-burial 3	4-10-67	I.O.O.F. Cemetery	Craigmont Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-11-67	Mildred Hughes	Bob Larrabee	QL802

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1731
Local Reg. No. 94
Reg. Dist. No. 220

Certificate of Death

RECEIVED
APR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 1-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Rest Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 430-18th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lillie
b. (Middle):
c. (Last): Bare

4. DATE OF DEATH (Month) (Day) (Year): April 8, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): D
8. DATE OF BIRTH: Sept. 17, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife D1
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Joplin, Missouri
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Thomas Baldwin — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Sarah Woods — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Edith B. Bacon — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: a few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): cerebral anteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: anteriosclerotic heart disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-22, 1949, *to* 4-8, 1967, *that I last saw the deceased alive on* 4-8, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. W. Eastman 152 MD
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-17-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1732
Local Reg. No. 91
Reg. Dist. No. 220

RECEIVED
APR 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 351
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 622 Burrell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	WILLIAM	A.	HARDMAN	April	8,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	4 Divorced	15 Nob. 1887	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forest Service 08
10b. KIND OF BUSINESS OR INDUSTRY: US Govt.
11. BIRTHPLACE (State or foreign country): Fairfield, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Albert Hardman — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lucinda (no record) — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531 30 5723
17. INFORMANT'S OWN SIGNATURE: Lorna D. Garrison — ADDRESS: Othello, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4281

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* - - - - - -, 19- -; *to* - - - - - -, 19- -, *that I last saw the deceased alive on* - - - - - -, 19- -; *and that death occurred at* 11 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Melvin D. Lewis	Dep. Coroner	1417-19th Ave Lewiston, Idaho	8Apr1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 Apr. 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-11-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: W. E. Black — Malcom's Brower-Wann Memorial Chapel — LICENSE NO. E-426

FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 28 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1733
Local Reg. No. 96
Reg. Dist. No. 220

Certificate of Death

RECEIVED
APR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 507 - 6th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): MAUDE
c. (Last): BETTS

4. DATE OF DEATH (Month) (Day) (Year): April 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: 24 Nov. 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Linden, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter M. Gilman — BIRTHPLACE: Maine
14. MOTHER'S MAIDEN NAME: Lena Morrison — BIRTHPLACE: Maine

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 60 9749
17. INFORMANT'S OWN SIGNATURE: Homer H. Betts — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis Cerebral — 1 year
DUE TO (c) Chronic Brain Syndrome — 3 mos

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Arthritis, multiple — 3 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1955, *to* 4-10, 1967, *that I last saw the deceased alive on* 4-10, 1967, *and that death occurred at* 10:20 PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Newton 388 MD
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 4-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 13 April 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: K. H. Malcom — LICENSE NO. E-376
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1734
Local Reg. No. 95
Reg. Dist. No. 220

BIRTH NO.

RECEIVED APR 28 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3721 - 14th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	IRENE	ELIZABETH	FROEMING		April	11	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	3 Married	26 August 1919	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary 19
10b. KIND OF BUSINESS OR INDUSTRY: N. Ida. Health Dept.
11. BIRTHPLACE (State or foreign country): Phillips, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: John Kougl — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Myrtle Cork — BIRTHPLACE: Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 392 16 2459
17. INFORMANT'S OWN SIGNATURE: Mrs. R. A. Froeming — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 22, 1958, *to* April 11, 1967, *that I last saw the deceased alive on* April 11, 1967, *and that death occurred at* 9:00PM m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. M. Stower	507 M.D	939 Bryden LEWISTON, IDAHO	4-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	15 April 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-18-67	Mildred Hughes	L. E. DeBaun — Maldom's Brower-Wann Memorial Chapel	E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1735
Local Reg. No. 93
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 APR 28 1967 1-48
b. CITY OR TOWN Lewiston
Bureau of Vital Statistics
c. LENGTH OF STAY (in this place) 48 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) P.O. Box 38 (Rural)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARVIN	HENRY	SCHUMACHER	April 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 31, 1914	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Lead City, South Dakota	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Schumacher	Washington	Rose Mosman	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno Ca Rectum ennil

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized metastasis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-31-66	Inoperable Ca rectum Colostomy only	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (Eg., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-21, 1966, *to* 4-7, 1967, *that I last saw the deceased alive on* A.D.A., 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John F. Barnes M.D	028	347 St Johnsbury Lewiston, Idaho	4-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	15 April 1967	Lewis-Clark Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-17-67	Mildred Hughes	W.C. Merchant	FD. 5

FIRM NAME MERCHANT FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 28 1967 Bureau of Vital Statistics

State File No. 1736
Local Reg. No. 97
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 6 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 351 Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1103 - 23rd Street

3. NAME OF DECEASED (Type or Print)
a. (First): JESSIE
b. (Middle): GENIEVE 312
c. (Last): McKAY

4. DATE OF DEATH (Month) April (Day) 14 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 24 Nov. 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Wicks, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edwin C. Scott — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Clara Moore — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 516 03 0754
17. INFORMANT'S OWN SIGNATURE: Mrs Wm E Duncan — ADDRESS: Couer d'Alene, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 174X Metastatic adeno carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Adenocarcinoma uterus o ovary — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 10-4-62
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma Grade II uterus & Ovary
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1962, *to* 4-14-67, 19__, *that I last saw the deceased alive on* 4-17, 1967, *and that death occurred at* 11:10PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 232
23b. ADDRESS: 347 St. Johns Way Lewiston Ida.
23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 17 Apr 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewisjton, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO. E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1737
Local Reg. No. 99
Reg. Dist. No. 220

Certificate of Death

RECEIVED
APR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 351 Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3524 - 13th Street C

3. NAME OF DECEASED (Type or Print)
a. (First): ELLSWORTH
b. (Middle): IRVIN
c. (Last): PETERSON

4. DATE OF DEATH (Month) April (Day) 18 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 24 Dec. 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock/Grain
11. BIRTHPLACE (State or foreign country): Wisconsin
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Peterson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Sarah Copper — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): WW-1 — (If yes, give war or dates of service): 3
16. SOCIAL SECURITY NO.: 518 10 9177 A
17. INFORMANT'S OWN SIGNATURE: Lettie M. Peterson — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~Arteriosis~~ ~~Sclerosis~~ Ruptured Aortic Aneurism — INTERVAL BETWEEN ONSET AND DEATH: April 17-67

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosis - Sclerosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Autopsy Confirms Ruptured Aneurism
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 17, 1967, *to* April 18, 1967, *that I last saw the deceased alive on* April 18, 1967, *and that death occurred at* 12:50 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E Baldwin M.D. 022
23b. ADDRESS: 1522 17th St City
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 Apr 1967
24c. NAME OF CEMETERY OR CREMATORY: NORMAL HILL ~~Lewis-Clark Memo. Gards.~~
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-24-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: L. E. DeBaun — LICENSE NO. E-295
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 9 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1738
Local Reg. No. 98
Reg. Dist. No. 220

Certificate of Death

RECEIVED
APR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351 -41
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 41 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3128 6th st.

3. NAME OF DECEASED (Type or Print)
a. (First): Alva
b. (Middle): Edison
c. (Last): Miller

4. DATE OF DEATH (Month) (Day) (Year): April 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 25, 1891
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Head Sawyer 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill P.F.I.
11. BIRTHPLACE (State or foreign country): Easton, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John C. Miller — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Dora E. Anderson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1917-1919 3
16. SOCIAL SECURITY NO.: 519-09-3970A
17. INFORMANT'S OWN SIGNATURE: B. Fay Miller — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio-Sclerosis — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fibrosis of Lungs Etiology Undt.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no surgery
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): None m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* April 20, 1967, *that I last saw the deceased alive on* April 20, 1967, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph E. Baedeck M.D. 022
23b. ADDRESS: 1522 17th St Lewiston Idaho
23c. DATE SIGNED: 4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 22, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 4-24-67
REGISTRAR'S SIGNATURE: Mildred Hughes
25. EMBALMER: K. H. Malcom — LICENSE NO.: E-376
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1739
Local Reg. No. 104
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 351 MAY 12 1967 1-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston Bureau of Vital Statistics
c. LENGTH OF STAY (In this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Somerville Rest Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351 b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 2321-2nd ave N.

3. NAME OF DECEASED (Type or Print) a. (First) Nick b. (Middle) c. (Last) Damo
4. DATE OF DEATH (Month) (Day) (Year) 4-24-1967

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 2-18-1880
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Albania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME no record BIRTHPLACE
14. MOTHER'S MAIDEN NAME No record BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 700-07-5776
17. INFORMANT'S OWN SIGNATURE X Anna Livengood ADDRESS Lewiston, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Infirmities of age

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 2 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/3/65, 19__, *to* 4/24/67, 19__, *that I last saw the deceased alive on* 9/17/66, 19__, *and that death occurred at* 5 50a *m., from the causes and on the date stated above.*

23a. SIGNATURE R. M. Stover, M.D. 507 (Degree or title)
23b. ADDRESS 939 Bryden Ave., Lewiston, Ida.
23c. DATE SIGNED 5/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-28-1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. 5-1-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER Andrew F. Vassar
LICENSE NO. E315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1740
Local Reg. No. 105
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: NezPerce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In this place): 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 357
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 315- Adams t

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Michael	E.	Melvin	4-24-1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	White	2 widowed	7-5-1906	60		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
labor 06		Clarue, Wis.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	720-16-1807	County Records	A.H. Vassar - Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CIRRHOSIS OF LIVER — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1964, *to* 4/24, 1967, *that I last saw the deceased alive on* 4/24, 1967, *and that death occurred at* 11 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 013	MD	302 1st Lewiston WA	5/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-27-1967	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-1-67	Lynette Knott	V. Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1741
Local Reg. No. 106
Reg. Dist. No. 220

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: NezPerce (351)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (In hospital or place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital (000)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: NezPerce (351)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 621-Grelle

3. NAME OF DECEASED (Type or Print): a. (First) Russell; b. (Middle); c. (Last) Carmack

4. DATE OF DEATH: (Month) (Day) (Year): 4-25-1967

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct 9,1963

9. AGE (In years last birthday): 3 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none (02)

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dillon, Montana.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LeRoy Carmack
BIRTHPLACE: Billings, Mont.

14. MOTHER'S MAIDEN NAME: Roycie Lamb
BIRTHPLACE: BigTimber, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Roy Lamb
ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Broken Neck (9360)
INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): being struck
DUE TO (c): ~~xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx~~ tongue of trailer falling

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: trailer tongue fell on him

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home (01)
21c. (CITY, TOWN, OR TOWNSHIP) Lewiston (351) **(COUNTY)** NezPerce **(STATE)** Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): March 25 1967 9:18AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: trailer tongue fell on him

22. *I hereby certify that I attended the deceased from* --- *19*____, *to* --- *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* 9:18AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Clifford Johnston (502)
(Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-29-1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memorial Gardens
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 5-1-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: Andrew A Vassar
LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1742
Local Reg. No. 117
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 3 mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Somerville Home 131

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Peck
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELVIRA	LERA	SKINNER	April	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	4 February 1886	81		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 01	Own Home	Dayton, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Zemar Newby	Wisconsin	Mary Elizabeth Fields	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 60 7323	Wilbur Skinner	Sweetwater, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Herpes Zoster of back.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome

INTERVAL BETWEEN ONSET AND DEATH: Several days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-7, 19 67, *to* 4-26, 19 67 *that I last saw the deceased alive on* 4-18, 19 67, *and that death occurred at* 2:05 AM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Eastman 152 MD		Lewiston Idaho	5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	29 Apr 1967	Lewis-Clark Memo. Gardens	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-19-67	Lynette Knott	W E Black	E-426
		Malcom's Brower-Wann Memorial Chapel	

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1743
Local Reg. No. 1033
Reg. Dist. No. 220

BIRTH NO.

RECEIVED Bureau of Vital Statistics MAY 12 1967

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY IN THIS PLACE: 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3129 - 4th Street D

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	HATTIE	MAY	GILBERT	April	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	21 July 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook 01	Cafe & Resort	Beaver City, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George F. Cluphf	NewYork	Alpha L. Rhyburn	Peoria, Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 03 7209A	Ernest L. Luckey	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Heart Disease 4201

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* MARCH 1963, *to* APR 26, 1967, *that I last saw the deceased alive on* 4/18, 1967, *and that death occurred at* 9:10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. Armstrong D13 MD	307 St Johns WAY	4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	28 Apr 1967	SlateCreek Cemetery	Slate Creek, Idaho Co., Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-1-67	Lynette Knott	L. E. DeBaun Malcom's Brower-Wann Memorial Chapel	E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAY 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1744
Local Reg. No. 102
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 3-01
b. CITY OR TOWN Lewiston
(If outside corporate limits, write RURAL and give township) LENGTH OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) P O Box - 5

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	NANNIE	(NMI)	JENKINS	April	28	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	8 August 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Lee Summit, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13. FATHER'S NAME: Almanzia D. Ecton — BIRTHPLACE: Ky.
14. MOTHER'S MAIDEN NAME: Nannie Mullins — BIRTHPLACE: Ky.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 44 9195 A
17. INFORMANT'S OWN SIGNATURE: Mrs. Grant Land (dar — ADDRESS: Lewiston, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aortic Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-27-67 19__, *to* ____, 19__, *that I last saw the deceased alive on* 4-27-, 19 67, *and that death occurred at* 6:30 am *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 114
23b. ADDRESS Lewiston Id
23c. DATE SIGNED 4-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 28 Apr 1967
24c. NAME OF CEMETERY OR CREMATORY Twin Falls Cemetery
24d. LOCATION (City, town, or county) Twin Falls, Idaho (State)

DATE REC'D BY LOCAL REG. 4-28-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER W E Black
LICENSE NO. E-426
FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

SEP 24 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 15 2007

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1745
Local Reg. No. 110
Reg. Dist. No. 220

RECEIVED MAY 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 337
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
Length of STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 337
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 2312 Burrell Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FLORENCE	CHRISTENE	LUNDERS	April	29	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	25 August 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock/Grain	Oklahoma City, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John S. Lunders	England	Margaret Streff	BesMoines, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no record	Mrs Anna Nail	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:10AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John E Corson	D83	9th & Main St. Lewiston	5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 2, 1967	XXXX IOOF	Craigmont, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-4-67	Lynette Knott	W E Black	E426

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 1 7 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1746
Local Reg. No. 108
Reg. Dist. No. 220

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce 120
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 29 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Reeds Rest Home 335

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston, Idaho
d. STREET ADDRESS (If rural, give location) 121-15th Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Theresa		Brown	April 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	White	Widowed 2	April 29, 1967	94				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home	Toronta, Ontario, Canada	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Patrick Hogan	Ireland	Margaret Fitzgerald	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		no record	Jeanette Wicklund	Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4918

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov, 1966, *to* 4-29, 1967, *that I last saw the deceased alive on* 4-29, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
M. J. McCarthy M.D. 349 (Degree or title)	Lewiston Ida	5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	Apr. 3, 1967	Mountain View Cemetery	Reno, Nevada

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-2-67	Lynette Knott	V. Vassar	E. 297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 22 1967

NOV 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1747
Local Reg. No. 109
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Nez Perce 350
b. CITY OR TOWN Lewiston Orchards
c. LENGTH OF STAY IN (this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 716-6th Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Sam b. (Middle) W. c. (Last) Hamill

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single

8. DATE OF BIRTH Nov. 25, 1967

9. AGE (In years last birthday) 84 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 64

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Alta, Washington

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James Hamill BIRTHPLACE Ireland

14. MOTHER'S MAIDEN NAME Jennie Henderson BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-30-8647A

17. INFORMANT'S OWN SIGNATURE & Lola Ford ADDRESS Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suspected malignancy of stomach with liver metastasis — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Uremia, chronic

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11/21, 1966, *to* 4/29, 1967, *that I last saw the deceased alive on* 4/21, 1967, *and that death occurred at* 6:20A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) R J Stark, M.D. 492

23b. ADDRESS 307 St Johns Bldg Lewiston Idaho

23c. DATE SIGNED 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify) removal

24b. DATE April 3, 1967

24c. NAME OF CEMETERY OR CREMATORY Prairie View

24d. LOCATION (City, town, or county) Grangeville, Idaho (State)

DATE REC'D BY LOCAL REG. 5-2-67

(REGISTRAR'S SIGNATURE) Lynette Knott

25. EMBALMER V. Vassar LICENSE NO. E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1748
Local Reg. No. 7
Reg. Dist. No. 530

BIRTH NO.

RECEIVED MAY 9 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Oneida 360 3-01
b. CITY OR TOWN Malad City
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 360 b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad City
d. STREET ADDRESS (If rural, give location) 251 West 300 North

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) - c. (Last) HARRISON

4. DATE OF DEATH (Month) (Day) (Year) March 23 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single-never mar.

8. DATE OF BIRTH July 19, 1908

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY -

11. BIRTHPLACE (State or foreign country) Malad City, Oneida, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME JOHN T. HARRISON BIRTHPLACE England

14. MOTHER'S MAIDEN NAME MARY ANN ROBERTS BIRTHPLACE Malad City, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. -

17. INFORMANT'S OWN SIGNATURE Mabel Harrison ADDRESS Malad, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock, irreversible, Cause Undetermined — (pt. found & examined initially this State) — INTERVAL BETWEEN ONSET AND DEATH: Approx. 48 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Glomerulo-Nephritis, Chronic. Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/21, 1967, to 3/23, 1967, *that I last saw the deceased alive on* March 23, 1967, *and that death occurred at* 5:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Dwight F. Wade 314 M.D.

23b. ADDRESS Malad, Idaho

23c. DATE SIGNED 3/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 27, 1967

24c. NAME OF CEMETERY OR CREMATORY Malad City Cemetery

24d. LOCATION (City, town, or county) (State) Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG. 3/25/67

REGISTRAR'S SIGNATURE Ruth D. Sweeten

25. EMBALMER Raiford G. Benson LICENSE NO. E-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1749
Local Reg. No. 8
Reg. Dist. No. 530

BIRTH NO.

RECEIVED STATE OF IDAHO

MAY 9 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Oneida 360 3-01
b. CITY OR TOWN: Malad City
c. LENGTH OF (this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City SPOUSE: L.G.Corbridge
d. STREET ADDRESS (If rural, give location): 591 North 2nd West

3. NAME OF DECEASED (Type or Print): a. (First) MARY EMILY; b. (Middle) TUTTLE; c. (Last) CORBRIDGE

4. DATE OF DEATH: (Month) April (Day) 19 (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Nov. 21, 1889

9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Bountiful, Davis, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: WILFORD TUTTLE — BIRTHPLACE: Bountiful, Utah

14. MOTHER'S MAIDEN NAME: SARAH ANN HOWARD — BIRTHPLACE: Bountiful, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no

16. (If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lola K Corbridge — ADDRESS: Soda Springs, Idh

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Nephro-sclerosis, Chronic — Indefinite period

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* 1) Coronary Sclerosis, severe, Chronic — 12+yrs
2) Diabetes Mellitus — 12+yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952 *to* 19Apr., 1967, *that I last saw the deceased alive on* April 19, 1967, *and that death occurred at* 8:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Wade, MD 314 (Degree or title) M.D.

23b. ADDRESS: Malad City, Idaho

23c. DATE SIGNED: April 20, 196[illegible]

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: April 22,1967

24c. NAME OF CEMETERY OR CREMATORY: Bountiful City Cemetery

24d. LOCATION (City, town, or county) (State): Bountiful, Davis, Utah

DATE REC'D BY LOCAL REG.: Apr 20,67

REGISTRAR'S SIGNATURE: Ruth G. Sweeten

25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 0 1967

JUL 1 1 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1750
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Owyhee 37
b. CITY OR TOWN: Homedale
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN: Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Erma; b. (Middle) R.; c. (Last) Obendorf

4. DATE OF DEATH: (Month) (Day) (Year): April 23, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Feb. 5, 1880

9. AGE (In years last birthday): 87 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Watkins, New York

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Washington Rogers — BIRTHPLACE: New York

14. MOTHER'S MAIDEN NAME: Jessie Townsend — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-38-0804

17. INFORMANT'S OWN SIGNATURE: Mrs. J. R. Walker — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jul 2, 19 60, *to* Apr 23, 19 67, *that I last saw the deceased alive on* Apr 18, 19 67, *and that death occurred at* 2 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title)

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Apr. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Roswell Cemetery

24d. LOCATION (City, town, or county) (State): Roswell, Idaho

DATE REC'D BY LOCAL REG.: May 4 1967

REGISTRAR'S SIGNATURE: Andrew Mayfield

25. EMBALMER: Merville R Davis

LICENSE NO.: E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1751
Local Reg. No. 17
Reg. Dist. No. 330

BIRTH NO.

APR 12 1967 1-02
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South Park DOO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette 380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Star Rt

3. NAME OF DECEASED (Type or Print): a. (First) Lewis; b. (Middle) NMN; c. (Last) Keller Jr.

4. DATE OF DEATH: (Month) April (Day) 8 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Married

8. DATE OF BIRTH: July 2 1940

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carptner 21

10b. KIND OF BUSINESS OR INDUSTRY: Builder

11. BIRTHPLACE (State or foreign country): Nebraska

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lewis Keller Sr. — BIRTHPLACE: Nebraska

14. MOTHER'S MAIDEN NAME: Goldie Peak — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1958 to 1959

16. SOCIAL SECURITY NO.: 519-44-8649

17. INFORMANT'S OWN SIGNATURE: Mrs Lewis Keller — ADDRESS: Star Rt. Payette Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Self-Inflicted Gun Shot in Chest. — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Brothers Garage

21c. (CITY, TOWN, OR TOWNSHIP): Payette (COUNTY): 380 Payette (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Investigated *to* on April 8, 1967, *that I last saw the deceased alive on* , 19 , *and that death occurred at* 3:30pm *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hardy H Larkam 583 (Degree or title): Coroner 4

23b. ADDRESS: 112½ N 8th Payette, Ida

23c. DATE SIGNED: 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/11/67

24c. NAME OF CEMETERY OR CREMATORY: Rosedale Memoral Garden.

24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: 4-10-1967

REGISTRAR'S SIGNATURE: Roberta Eckhoff

25. EMBALMER: Donald F. Brown — LICENSE NO.: E-408

FIRM NAME: Chapel of the Roses. Payette.

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 5 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 1752
Local Reg. No. 16
Reg. Dist. No. 330

RECEIVED Bureau of Vital Statistics APR 12 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN: Payette
c. LENGTH OF STAY IN THIS PLACE: 3½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Payette Valley Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette 380
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): 333 South West Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LeRoy
b. (Middle): 243
c. (Last): Wilson

4. DATE OF DEATH: April 9, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 widowed

8. DATE OF BIRTH: March 16, 1887

9. AGE (In years last birthday): 80 yrs
IF UNDER 1 YEAR: Months — Days —
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: own farm

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Wilson
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Martha Turner
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: — - — - —

17. INFORMANT'S OWN SIGNATURE: Geo Wilson
ADDRESS: Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Chronic cor pulmonale — years

DUE TO (c): Chronic bronchitis & emphysema — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): — - — - —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): — - — - —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): — - — - —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — - — - — - — - — m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: — - — - —

22. *I hereby certify that I attended the deceased from* Feb, 1960, *to* April 9, 1967, *that I last saw the deceased alive on* 4/9/67, 19—, *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): Thomas H. Watkins MD

23b. ADDRESS: Payette, Idaho

23c. DATE SIGNED: 4-9-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-12-1967

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67

REGISTRAR'S SIGNATURE: Robert E. Hoffer

25. EMBALMER: Gifford R. Shaffer

LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1753
Local Reg. No. 18
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
MAY 5 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 380 Payette 1-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 45 Hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1314 2nd Ave South 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 1314 2nd Ave South

3. NAME OF DECEASED (Type or Print)
a. (First) Clyde
b. (Middle) Everett
c. (Last) Hurd

4. DATE OF DEATH (Month) (Day) (Year) April 14 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Married
8. DATE OF BIRTH 4/11/17
9. AGE (In years last birthday) 50 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Clyde E. Hurd BIRTHPLACE Idaho
14. MOTHER'S MAIDEN NAME Effie Adams BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 2 4
16. SOCIAL SECURITY NO. 518-12-9473
17. INFORMANT'S OWN SIGNATURE Mrs. C. Everett Hurd ADDRESS 1212 3rd Ave S. Payette Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from~~* Investigated *19* XX *to* April 14, *19*67, *~~that I last saw the deceased alive on~~* XXXXXXXXXX *19* XXX *and that death occurred at* 1:00 *pm., from the causes and on the date stated above.*

23a. SIGNATURE Hardy H Larkson 583 (Degree or title) Coroner 4
23b. ADDRESS 112½ N 8th Payette Idaho
23c. DATE SIGNED 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/18/67
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Payette (State) Idaho

DATE REC'D BY LOCAL REG. 4-17-67
REGISTRAR'S SIGNATURE Sylvia E. Shaffer
25. EMBALMER Donald F Brown Donald F. Brown LICENSE NO. E-408

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Chapel of the Roses

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 28 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1754
Local Reg. No. 19
Reg. Dist. No. 33

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Payette 380 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 380 Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 300 North 10th St.

3. NAME OF DECEASED (Type or Print) a. (First) Frederick b. (Middle) Michael 243 c. (Last) Rabenau

4. DATE OF DEATH (Month) (Day) (Year) April 24, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 15, 1886
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 26
10b. KIND OF BUSINESS OR INDUSTRY Boise -Payette Lbr.
11. BIRTHPLACE (State or foreign country) Kimball, South Dakota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Wesley Rabenau
BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME Clara J. Boarts
BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. 518-07-7947
17. INFORMANT'S OWN SIGNATURE F. P. Rabenau
ADDRESS Payette, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4291 Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic cardiovascular headiness and ischemia — 10 yrs
DUE TO (c) Generalized arteriosclerotic ischemia and Diabetes Mellitus — 15 yrs. 15 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute gastro-intestinal hemorrhage secondary to ischemia — One week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - -

22. *I hereby certify that I attended the deceased from* April, 1957, *to* April 24, 1967, *that I last saw the deceased alive on* April 24, 1967, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo. E. Davis 131 (Degree or title) M.D
23b. ADDRESS New Plymouth, Idaho
23c. DATE SIGNED 4/24/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 27, 1967
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) Payette, Idaho (State)

DATE REC'D BY LOCAL REG. 4-27-67
REGISTRAR'S SIGNATURE Gifford E. Shaffer
25. EMBALMER Gifford R. Shaffer
LICENSE NO. E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

SEP 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1755
Local Reg. No. 14
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hsopital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Power 390
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 430 Cleveland Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DALE	FREDERICK	GNEISER	April	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	July 31, 1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (State or foreign country): New Raymer Colorado
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Paul Frederick Gneiser — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Bertha Nickerson — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: 521-22-1124
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: American Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Perforated aneurysm of arch of aorta — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mild atherosclerosis of vessels
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Thrombus of right common iliac — 18 hrs.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 7, 19 67, *to* April 8, 19 67, *that I last saw the deceased alive on* April 8, 19 67, *and that death occurred at* 1:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 203 (Degree or title): M D
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: Apr. 11, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Chapel Hills Gardens
24d. LOCATION (City, town, or county) (State): Denver Colorado

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Colleen Hadfield
25. EMBALMER: Bud Kelly
LICENSE NO.: E - 467

FIRM NAME: DAVIS MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 2 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 6 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 3 0 1992

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1756
Local Reg. No. 15
Reg. Dist. No. 500-602

BIRTH NO.

RECEIVED STATE OF IDAHO

APR 24 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Power 390 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF RESIDENCE (In this place): 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location): 715 Stevens St.

3. NAME OF DECEASED (Type or Print): a. (First) HENRY b. (Middle) c. (Last) KRANZLER

4. DATE OF DEATH: (Month) April (Day) 12, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 22, 1888

9. AGE (In years last birthday): 79 IF UNDER 1 YEAR Months: 1 Days: 20 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Bessarabia, So. Russia

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Kranzler BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Helena Engelhardt BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-40-4730A

17. INFORMANT'S OWN SIGNATURE: x Mary Kranzler ADDRESS: Am. Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Chronic congestion (with area of atelectasis- Neoplasm) — one week

DUE TO (c) — 2 Mo.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Old duodenal ulcer — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 4 19 54, *to* Apr. 12, 19 67, *that I last saw the deceased alive on* April 11, 1967, *and that death occurred at* 7:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. L. Harris 203 MD

23b. ADDRESS: American Falls, Idaho

23c. DATE SIGNED: 4-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4-15-67

24c. NAME OF CEMETERY OR CREMATORY: Fallsview Cemetery

24d. LOCATION (City, town, or county) (State): American Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67

REGISTRAR'S SIGNATURE: Valerie Hadfield

25. EMBALMER: Bud Kelly Bud Kelly LICENSE NO.: E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 22 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1757
Local Reg. No. 16
Reg. Dist. No. 500-602

Certificate of Death

RECEIVED MAY 5 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Interstate Freeway 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 254 McKinley

3. NAME OF DECEASED (Type or Print)
a. (First): ALVA
b. (Middle): FLOYD
c. (Last): SAMUELSON

4. DATE OF DEATH (Month) (Day) (Year): April 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Married
8. DATE OF BIRTH: June 1, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Goodwin Const.
11. BIRTHPLACE (State or foreign country): Bothwell, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Antone Samuelson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Ruth Woodbury — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mark Duane Samuelson — ADDRESS

18. CAUSE OF DEATH 9025
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive head & chest injuries — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fall from bridge under construction
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Multiple fractures, both arms

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 00
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Interstate Hi-way
21c. (CITY, TOWN, OR TOWNSHIP) 390 **(COUNTY)** **(STATE)**: 15 6 mi. West Pocatello, Power, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 21, 1967 9:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Accidently fell from bridge 30' to roadway below.

22. *I hereby certify that I ~~attended the deceased from~~ ~~to~~ ~~that I~~ saw the deceased deceased on April 21, 1967, and that death occurred at 9:30 a.m., from the causes and on the date stated above.*

23a. SIGNATURE: Bud Kelly 583 — (Degree or title): Coroner 4
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr.24,1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 5-2-67
REGISTRAR'S SIGNATURE: Collins Hadfield
25. EMBALMER: Conway Grant — LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 29 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1758
Local Reg. No. 77
Reg. Dist. No. 500-602

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
c. LENGTH OF STAY (in this place) 14 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 37

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) CLARA b. (Middle) MERIE c. (Last) GAMBLE

4. DATE OF DEATH (Month) (Day) (Year) April 29, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4 Divorced
8. DATE OF BIRTH March 18, 1882
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months 1 Days 11 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Malta, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles S. Gamble BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Sarah Ann Cottrell BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-22-0319T
17. INFORMANT'S OWN SIGNATURE Carolyne Hinrichs ADDRESS Am. Falls Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4672

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Etiology Hidden

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1-, 1963, *to* 4-29-, 1967, *that I last saw the deceased alive on* 4-29-, 1967, *and that death occurred at* 8:35P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 141 (Degree or title)
23b. ADDRESS American Falls, Idaho
23c. DATE SIGNED 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-2-67
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, or county) (State) American Falls, Idaho

DATE REC'D BY LOCAL REG. 5-9-67
REGISTRAR'S SIGNATURE Colleen Hadfield
25. EMBALMER [signature] H. L. Davis LICENSE NO. E-253

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 1 6 1967 Bureau of Vital Statistics

State File No. 1759
Local Reg. No. 508-602
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
LENGTH OF STAY (in this place) 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ROSINA		SCHRITTER	April 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Nov. 17, 1880	86	5	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife D1	Home	Russia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christ Briske	Russia	Fredrika Neuman	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-48-3389K	Emanuel Schritter	Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Substernal thyroid cancer	1½ yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Mild diabetes & cardiac decompensation	10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 3, 1967, *to* April 30, 1967, *that I last saw the deceased alive on* April 29 1967, *and that death occurred at* 5: A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. I. Harma, 203 M.D.	American Falls, Idaho	May 1 '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-2-67	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-9-67	Callen Hadfield	Bud Kelly Bud Kelly E-467	

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended ~~May 19,~~ 1967

Certificate of Death

STATE OF IDAHO

State File No. 1760
Local Reg. No. 33
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Shoshone 400 600

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. at Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 25

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls

d. STREET ADDRESS (If rural, give location): Post Falls, Idaho

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Peter	W.	Becker	April	1,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	4 Divorced	Jan 8, 1914	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Mining	Wildrose, No. Dak.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Becker	Wisconsin	Bessie Ferguson	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	517-01-4840	Thelma Becker	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) D.O.A.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT ☒ SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 400 (COUNTY) (STATE)
	Highway 06	Smelterville Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
April 1, 1967 - 11:30pm 12		Highway accident

22. *I hereby certify that I attended the deceased from* 4-1-67, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. E. Bonebrake, M.D. 052	Kellogg, Idaho	4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 5, 1967	Evergreen	Post Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-10-67	Joe Irvine	Don Maisel	452

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IN THE PROBATE COURT OF THE STATE OF IDAHO,

IN AND FOR THE COUNTY OF KOOTENAI.

In the Matter of the Estate of

PETER WILSON BECKER,

Deceased.

A F F I D A V I T

STATE OF IDAHO)
ss.
County of Kootenai)

Thelma Becker being first duly sworn, on oath deposes and says:

That this Affidavit is made for the purpose of correcting the Death Certificate of PETER WILSON BECKER who died April 1, 1967. That Affiant signed said certificate as the wife of PETER BECKER.

That Affiant has taken the name of THELMA BECKER although she and PETER BECKER were never married by civil ceremony but they would have been married on April 4, 1967 but for his death.

That said certificate should be corrected to show that PETER BECKER was in fact at the time of his death, a divorced man.

Thelma Becker

Subscribed and sworn to before me this 11th day of May, 1967.

Helen M. Rollins
Notary Public for Idaho.
Residing at ~~Coeur d'Alene~~ Post Falls
My commission expires: 11/24/70

IN THE PROBATE COURT OF THE STATE OF IDAHO

IN AND FOR THE COUNTY OF KOOTENAI.

In the Matter of the)
Estate of)
PETER BECKER,) AFFIDAVIT.
)
Deceased.)

STATE OF IDAHO)
ss.
County of Kootenai)

Barbara Becker being first

duly sworn, on oath deposes and says:

That this Affidavit is made for the purpose of correcting the Death Certificate of PETER BECKER

said certificate as the wife of PETER BECKER.

That Affiant has taken the name of THELMA BECKER although she and PETER BECKER were never married by civil ceremony but they would have been married on April 4, 1907 but for his death.

That said certificate should be corrected to show that PETER BECKER was in fact at the time of his death a divorced man.

Barbara Becker

Subscribed and sworn to before me this

14 day of May, 1907.

Notary Public for Idaho.
Residing at Coeur d'Alene.
My commission expires: 4/14/10

A F F I D A V I T

STATE OF IDAHO)
) ss.
County of Kootenai)

Wm. D. McFarland, being first duly sworn, deposes and says:

That he is the attorney for the personal representative and the heirs of Peter W. Becker, deceased, and makes this affidavit for the purpose of correcting the death certificate of Peter W. Becker, who died April 1, 1967, at or near Kellogg, Idaho. That at the time of his death Peter W. Becker was divorced and not remarried. That the informant on the death certificate under Item No. 17 had taken the name of Becker but was not married to Peter W. Becker. That her signature should have been Thelma Becker. That she had taken the name of Becker as she and Peter W. Becker intended to be married April 4, 1967, three days after the death of Peter W. Becker.

Wm D McFarland

Subscribed and sworn to before me this 17th day of May, 1967.

Louise M. Higgins
Notary Public in and for the State
of Idaho, residing at Coeur d'Alene
My Comm. expires 2-16-68

AFFIDAVIT

State of Idaho)
) ss.
County of Kootenai)

Wm. D. McFarland, being first duly sworn, deposes and says:

That he is the attorney for the personal representative and the heirs of Peter W. Becker, deceased, and makes this affidavit for the purpose of correcting the death certificate of Peter W. Becker, who died April 1, 1967, at or near Kellogg, Idaho. That at the time of his death Peter W. Becker was divorced and not remarried. That the informant on the death certificate under Item No. 17 had taken the name of Becker but was not married to Peter W. Becker. That her signature should have been Thelma Becker. That she had taken the name of Becker as she and Peter W. Becker intended to be married March 4, 1967, three days after the entry of Peter W. Becker.

Subscribed and sworn to before me this 15th day of May, 1967.

Notary Public in and for the State of Idaho, residing at Coeur d'Alene
My Comm. expires 2-16-69

APPLICATION TO AMEND DEATH CERTIFICATE OF PETER W. BECKER

To: The Idaho State Registrar of
Vital Statistics

The undersigned Wm. D. McFarland represents as follows:

1. That he is the attorney for the personal representative and the heirs of Peter W. Becker, deceased.

2. That a certificate of death was received by the State Registrar of Vital Statistics on April 13, 1967, of the death of Peter W. Becker who died April 1, 1967. That Item No. 7 showed Peter W. Becker to be married, whereas in fact it should have shown him to have been divorced. That Item No. 17 showed informant's signature as Mrs. Pete Becker, whereas in fact the informant was not the wife of Peter W. Becker as Peter W. Becker was unmarried. That the name of the informant was Thelma Becker who was not related to the deceased, Peter W. Becker.

That the foregoing allegations are supported by the affidavits of Wm. D. McFarland and Thelma Becker filed herewith.

That the Thelma Becker who signed the accompanying affidavit is the same person who signed the certificate of death as Mrs. Pete Becker.

WHEREFORE, the undersigned respectfully requests that an amended certificate of death issue showing that the deceased was divorced and that the informant's signature was Thelma Becker.

Dated this 17th day of May, 1967.

Wm D McFarland

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 17th day of May, 1967, before me, the undersigned Notary Public in and for the State of Idaho, personally appeared Wm. D. McFarland, known to me to be the person whose name is sub-

APPLICATION TO AMEND DEATH CERTIFICATE OF PETER W. BECKER

To: The Idaho State Registrar of
Vital Statistics

The undersigned Wm. D. McFarland represents as follows:

1. That he is the attorney for the personal representative and the heirs of Peter W. Becker, deceased.

2. That a certificate of death was received by the State Registrar of Vital Statistics on April 13, 1967, of the death of Peter W. Becker who died April 1, 1967. That Item No. 7 showed Peter W. Becker to be married, whereas in fact it should have shown him to have been divorced. That Item No. 17 showed informant's signature as Mrs. Pete Becker, whereas in fact the informant was not the wife of Peter W. Becker as Peter W. Becker was unmarried. That the name of the informant was Thelma Becker who was not related to the deceased, Peter W. Becker.

That the foregoing allegations are supported by the affidavits of Wm. D. McFarland and Thelma Becker filed herewith.

That the Thelma Becker who signed the accompanying affidavit is the same person who signed the certificate of death as Mrs. Pete Becker.

WHEREFORE, the undersigned respectfully requests that a corrected certificate of death issue showing that the deceased was divorced and that the informant's signature was Thelma Becker.

Dated this 17th day of May, 1967.

STATE OF IDAHO)
) ss.
County of Kootenai)

On this 17th day of May, 1967, before me, the undersigned Notary Public in and for the State of Idaho, personally appeared Wm. D. McFarland, known to me to be the person whose name is sub-

scribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.

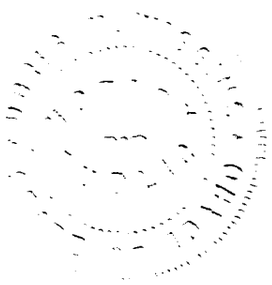

Doris M. Higgins

Notary Public in and for the State of Idaho, residing at Coeur d'Alene
My Commission expires 2-16-68

scribed to the within instrument and acknowledged to me that he executed the same.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Notarial Seal the day and year in this certificate first above written.

Notary Public in and for the State of Idaho, residing at Coeur d'Alene
My Commission expires 2-16-65

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED APR 13 1967 Bureau of Vital Statistics

State File No. .....
Local Reg. No. 33
Reg. Dist. No. 142

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Kellogg
c. LIMITS OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. at Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): Post Falls, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Peter
b. (Middle): W.
c. (Last): Becker

4. DATE OF DEATH (Month) (Day) (Year): April 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 8, 1914
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Wildrose No. Dak.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Becker — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Bessie Ferguson — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W II
16. SOCIAL SECURITY NO.: 517-01-4840
17. INFORMANT'S OWN SIGNATURE: Mrs. Pete Becker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed chest — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): D.O.A.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Smartsville Shoshone Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 1 1967 11:30 am.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Highway Accident

22. *I hereby certify that I attended the deceased from* 4-1-67, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Bonebrake MD.
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Post Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Don Maisel — LICENSE NO.: 452

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Funeral Chapel

DUTIES:

APR 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 15 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 19 1967

OCT 27 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1761
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

401 403

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Multnomah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 4509 S.W. Vermont

3. NAME OF DECEASED (Type or Print)
a. (First): CLARA
b. (Middle): C.
c. (Last): GAY

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 14, 1906

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pine Island, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Barbara G. Matson
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Multiple Fractures and Internal Injuries

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US 10 OC

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 400 Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 1 1967 11 p

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Auto Accident

22. *I hereby certify that I attended the deceased from* 4/1, 1967, *to* 4/2, 1967, *that I last saw the deceased alive on* 4/2, 1967, *and that death occurred at* 2:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland Scott MD 461

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: Apr 4 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Apr. 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sunset Hills

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 4/5/67

REGISTRAR'S SIGNATURE: Joe Lemme

25. EMBALMER: Donald Maisel

LICENSE NO.: E-452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 30
Reg. Dist. No. 142

BIRTH NO.

RECEIVED APR 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 4509 S.W. Vermont

3. NAME OF DECEASED (Type or Print): a. (First) Clara b. (Middle) C. c. (Last) Gay

4. DATE OF DEATH (Month) (Day) (Year): April 2, 1967

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow

8. DATE OF BIRTH: Jan. 14, 1906

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Pine Island, Minn.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: UnKnown
BIRTHPLACE: UnKnown

14. MOTHER'S MAIDEN NAME: UnKnown
BIRTHPLACE: UnKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: UnKnown

17. INFORMANT'S OWN SIGNATURE: Barbara B. Matson
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple fractures and

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Internal injuries

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 Hours

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): US 10

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 2 1967 11 P m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Auto Accident

22. *I hereby certify that I attended the deceased from* 4/2, 1967, *to* 4/3, 1967, *that I last saw the deceased alive on* 4/3, 1967 *and that death occurred at* 2:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Orland B Scott MD

23b. ADDRESS: Kellogg Idaho

23c. DATE SIGNED: April 14 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: April 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sunset Hills

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 4-5-67

REGISTRAR'S SIGNATURE: Joe Robine

25. EMBALMER: Donald Maisel

LICENSE NO.: E452

FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 2 4 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1762
Local Reg. No. 35
Reg. Dist. No. 142

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 403 088
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 408
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Kellogg
d. STREET ADDRESS (If rural, give location) Sunshine Star Route

3. NAME OF DECEASED (Type or Print) a. (First) Ida b. (Middle) 139 c. (Last) Bekel

4. DATE OF DEATH (Month) (Day) (Year) April 4, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 7, 1911
9. AGE (In years last birthday) 55 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Hebron, No. Dak.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Bick BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Louise Ulrich BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None 428
16. SOCIAL SECURITY NO. Unknown
17. INFORMANT'S OWN SIGNATURE Dahl Bekel ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Congestive Heart Failure - Myocardial Infarction	15 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	arteriosclerotic Heart Disease	Several years
DUE TO (c)	Posterior Wall Myocardial Infarction	3½ months
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Cardiomegaly + Duhrings Disease	Several years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 4-14, 1960 to 4-4, 1967, that I last saw the deceased alive on 4-4, 1967, and that death occurred at 2:35A m., from the causes and on the date stated above.

23a. SIGNATURE G. M. Peterson, M.D. (Degree or title)
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 4-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 7, 1967
24c. NAME OF CEMETERY OR CREMATORY Shoshone Mem. Gdns
24d. LOCATION (City, town, or county) (State) Pinehurst, Idaho

DATE REC'D BY LOCAL REG. 4/14/67
REGISTRAR'S SIGNATURE Joe Lane
25. EMBALMER Robert G. Ross
LICENSE NO. E-497
FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1763
Local Reg. No. 3
Reg. Dist. No. 1112

RECEIVED
APR 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 16 Kellogg Ave

3. NAME OF DECEASED (Type or Print): a. (First) Blanche b. (Middle) V. 141 c. (Last) Swigart

4. DATE OF DEATH: (Month) April (Day) 6, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: July 13, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): NEBRASKA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Calkins — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Beem Day — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Wendell L Swigart — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of ovary with widespread metastasis
DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: 2 weeks / 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Kellogg (COUNTY) Shoshone (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 Jan, 1967 *to* 6 April, 1967 *that I last saw the deceased alive on* 6 April, 1967 *and that death occurred at* 10:57 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. 539 Whitlow M.D. (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 8 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 11 1967
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur D'Alene, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67
REGISTRAR'S SIGNATURE:
25. EMBALMER: Robert A. Ross — LICENSE NO.: E-497
FIRM NAME: Morsel Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1764
Local Reg. No. 34
Reg. Dist. No. 142

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (If not in place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): W. Nevada

3. NAME OF DECEASED (Type or Print)
a. (First): FLOYD
b. (Middle): 141
c. (Last): GARNER

4. DATE OF DEATH (Month) (Day) (Year): April 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 17, 1898
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Shift Boss 07
10b. KIND OF BUSINESS OR INDUSTRY: Mining
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joel L. Garner — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Debbie C. Clements — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-03-4766
17. INFORMANT'S OWN SIGNATURE: Mrs. Floyd Garner — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion (thrombosis) — INTERVAL BETWEEN ONSET AND DEATH: few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary atherosclerosis — several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Left subarachnoid hemorrhage about 18 hours

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 April, 1967, *to* 7 April, 1967, *that I last saw the deceased alive on* 7 April, 1967, *and that death occurred at* 10 55 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Cordwell, 105 (Degree or title) MD
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 11 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 4-14-67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Robert G. Ross — LICENSE NO.: E-497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1765
Local Reg. No. 28
Reg. Dist. No. 140

BIRTH NO.

RECEIVED APR 20 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 402 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 402 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location) 1143 Burke Road

3. NAME OF DECEASED (Type or Print) a. (First) Lucy b. (Middle) M c. (Last) Yocom

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH April 7, 1895

9. AGE (In years last birthday) 72 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Liberty, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-16-2699A

17. INFORMANT'S OWN SIGNATURE Mrs. Lloyd C Yocom ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 37 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive, Cardiovascular — Several years

DUE TO (c) Renal Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-2, 1967, *to* 4-8, 1967, *that I last saw the deceased alive on* 4-8, 1967, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson (Degree or title) 414 M.D.

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 4-11-67

24c. NAME OF CEMETERY OR CREMATORY Shoshone Memorial

24d. LOCATION (City, town, or county) Pinehurst (State) Idaho

DATE REC'D BY LOCAL REG. 4-13-67

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell LICENSE NO. E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1766
Local Reg. No. 36
Reg. Dist. No. 142

Certificate of Death

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. LENGTH OF STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): County Nursing Home 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 401
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 8 West Market

3. NAME OF DECEASED (Type or Print)
a. (First): THOMAS
b. (Middle): H.
c. (Last): MAY

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 31, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Electrician
10b. KIND OF BUSINESS OR INDUSTRY: 07 Mining
11. BIRTHPLACE (State or foreign country): New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas H. May — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Margaret Corey — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-7841
17. INFORMANT'S OWN SIGNATURE: Jay H Huber — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recurrent CVA — 2 years
DUE TO (c): arteriosclerosis generalized — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1940 *to* 12 April 1967 *that I last saw the deceased alive on* 12 April 1967 *and that death occurred at* 4:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 494
23b. ADDRESS: Kellogg, Id.
23c. DATE SIGNED: 13 April 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 4/24/67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Robert G. Ross — LICENSE NO.: E-497

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED APR 20 1967 Bureau of V.S.

State File No. 1767
Local Reg. No. 29
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 402 000
b. CITY OR TOWN Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) P.O. Box 463

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Schelino

4. DATE OF DEATH (Month) (Day) (Year) April 16, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Married
8. DATE OF BIRTH Dec. 20, 1904
9. AGE (In years last birthday) 62 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Motel Operator 216
10b. KIND OF BUSINESS OR INDUSTRY Motel
11. BIRTHPLACE (State or foreign country) Bodie, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unknown BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mary Cooper BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO. 518-05-2728
17. INFORMANT'S OWN SIGNATURE X Mrs. Margaret Schelino ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Years.
DUE TO (c) Chronic Pulmonary emphysema — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/4/67, 19__, *to* 4/16/67, 19__, *that I last saw the deceased alive on* 4/16/67, 19__, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert J. Rowell 435 (Degree or title) MD
23b. ADDRESS Wallace Idaho
23c. DATE SIGNED 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 19, 1967
24c. NAME OF CEMETERY OR CREMATORY Westlawn Cemetery
24d. LOCATION (City, town, or county) (State) Coeur D'Alene, Idaho

DATE REC'D BY LOCAL REG. Apr 17-1967
REGISTRAR'S SIGNATURE Dale Cornell
25. EMBALMER Dale L. Cornell
LICENSE NO. E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1768
Local Reg. No. 37
Reg. Dist. No. 142

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Shoshone 401 000
b. CITY OR TOWN Kellogg
(If outside corporate limits, write RURAL and give township) LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
d. STREET ADDRESS (If rural, give location) 615 3rd. Street

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) F. 141 c. (Last) RUSSELL

4. DATE OF DEATH (Month) (Day) (Year) April 16, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Married
8. DATE OF BIRTH July 14, 1893
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Ret. Foreman 24
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fredrick Russell BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Louise Case BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W.W. 1 1778
16. SOCIAL SECURITY NO. 518-03-9470
17. INFORMANT'S OWN SIGNATURE Arthur W Russell ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Coronary Sclerosis & Myocardial Failure

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 10, 1967, *to* April 16, 1967, *that I last saw the deceased alive on* April 16, 1967, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE J E Bonebrake (Degree or title) MD 052
23b. ADDRESS 1C Kellogg, Idaho
23c. DATE SIGNED 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY Greenwood
24d. LOCATION (City, town, or county) Kellogg, (State) Idaho

DATE REC'D BY LOCAL REG. 4-22-67
REGISTRAR'S SIGNATURE Joe Downs
25. EMBALMER Donald Maisel LICENSE NO. 452
FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 2 1967

MAY 3 1967

MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1769
Local Reg. No. 30
Reg. Dist. No. 140

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

APR 26 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Shoshone 403 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 402 Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Irene
b. (Middle)
c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) April 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 widowed
8. DATE OF BIRTH Jan. 3, 1897
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager Retail 24
10b. KIND OF BUSINESS OR INDUSTRY Liquor Store
11. BIRTHPLACE (State or foreign country) Spokane, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Fred Viele — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Mabel Cora Bean — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-6754
17. INFORMANT'S OWN SIGNATURE Mary Ann Grant — ADDRESS Lima Ohio

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1561 Carcinoma, Liver — INTERVAL BETWEEN ONSET AND DEATH ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Ca both Lungs ?

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-14, 1967, *to* 4-18, 1967, *that I last saw the deceased alive on* 4-18, 1967, *and that death occurred at* 8:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 168 (Degree or title)
23b. ADDRESS Wallace, Ida
23c. DATE SIGNED 4/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation
24b. DATE 4-20-67
24c. NAME OF CEMETERY OR CREMATORY Smith and Company
24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. Apr 20-67
REGISTRAR'S SIGNATURE Dale L Cornell
25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 1967

MAY 8 1967

FEB 0 3 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1770
Local Reg. No. 32
Reg. Dist. No. 142

RECEIVED MAY 12 1967 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place): 40 min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home at 302 Ohio St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 48
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location): 302 Ohio St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	TODD	SCOTT	JACKSON	April 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Oct. 20, 1965	1	6			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None	Kellogg, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Jackson	Indiana	Katherine Stout	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	None	W. R. Jackson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Burns of entire body & charring — INTERVAL BETWEEN ONSET AND DEATH: Two seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 401 (COUNTY) (STATE)
Accident	Home 86	Kellogg Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4-23-67 about 7:45 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	House caught on fire.

22. *I hereby certify that I attended the deceased from* 4-23, 1967, *to* 4-23, 1967, *that I last saw the deceased alive on* 4-23, 1967, *and that death occurred at* about 7:45 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson 414	M.D.	Wallace, Idaho	4-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 28 1967	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5/9/67	Joe Devine	Donald Maisel	452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1771
Local Reg. No. 31
Reg. Dist. No. 140

BIRTH NO.

MAY 10 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
d. STREET ADDRESS (If rural, give location): Bernard Bldg.

3. NAME OF DECEASED (Type or Print)
a. (First): Hilma
b. (Middle): H.
c. (Last): Hager

4. DATE OF DEATH: April 24, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: Aug. 9, 1878

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-6748A

17. INFORMANT'S OWN SIGNATURE: Ray L. Hager
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) hypertension cardiovascular disease — years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteosarcoma skull. — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 April, 1967, *to* 24 April, 1967, *that I last saw the deceased alive on* 24 April, 1967, *and that death occurred at* 9:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert D. Farrell (Degree or title): M.D.
23b. ADDRESS: Wallace Idaho
23c. DATE SIGNED: 4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 4-27-67
24c. NAME OF CEMETERY OR CREMATORY: Smith and Company
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 4-25-67
REGISTRAR'S SIGNATURE: Hal Harnell

25. EMBALMER: Dale L. Cornell
LICENSE NO.: E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1772
Local Reg. No. 39
Reg. Dist. No. 142

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 400 1-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Silverton
c. STATE OF STAY (in this place): 7 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Shoshone Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cataldo
d. STREET ADDRESS (If rural, give location): Cataldo, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Robert
b. (Middle): Lee 323
c. (Last): Beare

4. DATE OF DEATH (Month) (Day) (Year): April 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Mar. 31, 1916
9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bookkeeper 19
10b. KIND OF BUSINESS OR INDUSTRY: Accounting
11. BIRTHPLACE (State or foreign country): Lurton, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Beare — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Greenhaw — BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 4201
17. INFORMANT'S OWN SIGNATURE: Alpha E. Blalack — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Insufficiency — Several years
DUE TO (c): Bundle Branch Block — Several years
Spastic Paraplegia — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Rheumatoid Arthritis — Many years
Osteo Arthritis — Many years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-1-, 1962, *to* 4-28, 1967, *that I last saw the deceased alive on* 4-28, 1967, *and that death occurred at* 7:45 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE: A. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS: Wallace, Idaho
23c. DATE SIGNED: 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: 5/9/67
REGISTRAR'S SIGNATURE: Joe Irvine
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Maisel Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED APR 10 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1773
Local Reg. No. D-126
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 243 Tyler St.

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) C. c. (Last) MAYER
4. DATE OF DEATH (Month) (Day) (Year) April 1, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Feb. 2, 1873
9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY Carpentery
11. BIRTHPLACE (State or foreign country) Richmond, Minn.
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME John Mayer BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Katy Peck BIRTHPLACE Germany
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 532-10-7702
17. INFORMANT'S OWN SIGNATURE Ralph Mayer ADDRESS Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

4500

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 23, 1961, to April 1, 1967, that I last saw the deceased alive on Dec 12, 1966, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE Dean H. Officer MD (Degree or title)
23b. ADDRESS 234 4th Ave North, Twin Falls Idaho
23c. DATE SIGNED 3 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 4-6-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER
LICENSE NO. 343
FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1774
Local Reg. No. 0-123
Reg. Dist. No. 460

BIRTH No. 14

RECEIVED APR 10 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN THIS PLACE: 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospl.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 42
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1404 Fourth Avenue East

3. NAME OF DECEASED (Type or Print): a. (First) HENRY; b. (Middle) 144; c. (Last) SCHLAKE

4. DATE OF DEATH (Month) (Day) (Year): April 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	June 20, 1886	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 29	Gardner	Germany	Germany

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Schlake	Germany	Maria Reinke	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-50-1623	X Lola C. Schlake	Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	hernia, incisional, incarcerated	2 wks.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma of rectum	2 mos.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cardiovascular collapse	12 hrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-28, 1967, *to* 4-3, 1967, *that I last saw the deceased alive on* 4-3, 1967, *and that death occurred at* 9:10p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John D. Johnson, M.D. 158	Twin Falls, Idaho	4/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 6, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-6-67	Pamela J. Johnson	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1775
Local Reg. No. D-125
Reg. Dist. No. 460

RECEIVED
APR 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY TWIN FALLS 42 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) TWIN FALLS
c. LENGTH OF STAY (in this place) 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 42 b. COUNTY TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 232 Polk Street

3. NAME OF DECEASED (Type or Print) a. (First) LUCY b. (Middle) M. 143 c. (Last) NELSON

4. DATE OF DEATH (Month) (Day) (Year) April 3 - 1967

5. SEX Female

6. COLOR OR RACE Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH June 1, 1881

9. AGE (In years last birthday) 86 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own home

11. BIRTHPLACE (State or foreign country) Fort Collins, Colorado

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME George H. Abbott | BIRTHPLACE Ohio

14. MOTHER'S MAIDEN NAME Minnie C. Jones | BIRTHPLACE Pennsylvania

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Hugh M. Nelson | ADDRESS Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1447 Carcinoma of mouth & metastasis | INTERVAL BETWEEN ONSET AND DEATH 14 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | 21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8 July, 1960, *to* April 3, 19 67, *that I last saw the deceased alive on* April 3, 1967, *and that death occurred at* 6:10 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Dean H. Coffelt MD (Degree or title) | 23b. ADDRESS 231-4th Ave North Twin Falls Idaho | 23c. DATE SIGNED 4 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE April 6, 1967 | 24c. NAME OF CEMETERY OR CREMATORY Mt. View Cemetery | 24d. LOCATION (City, town, or county) Fairfield (State) Idaho

DATE REC'D BY LOCAL REG. 4-6-67 | REGISTRAR'S SIGNATURE Pamela J. Johnson | 25. EMBALMER | LICENSE NO. E-343

FIRM NAME: WHITE MORTUARY, TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1776
Local Reg. No. 2-75
Reg. Dist. No. 460

RECEIVED
APR 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Hazelton
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Andrew b. (Middle) E. c. (Last) Hansen

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: September 9, 1886

9. AGE (In years last birthday): 80
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer-Canal Co. Emp. 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Mink Creek, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Rasmus Hansen
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Anna Genelda Christensen
BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-14-1090A

17. INFORMANT'S OWN SIGNATURE: [signature] Hazelton, Idaho
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 2687 Diabetes mellitus — INTERVAL BETWEEN ONSET AND DEATH: 6 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 15 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — 15 years.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1961, *to* 4/4/, 1967, *that I last saw the deceased alive on* 4/4, 1967, *and that death occurred at* 8:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Marcus Carver 085 (Degree or title): M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 4/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/8/67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-10-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: Paul D. Reynolds [signature]

LICENSE NO.: E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 8 1967

MAR 17 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 10 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1777
Local Reg. No. 127
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.R.#1 Kimberly 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 427 T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1871 4th Avenue East

3. NAME OF DECEASED (Type or Print): a. (First) JERRY [illegible] b. (Middle) ALLEN c. (Last) McKNIGHT

4. DATE OF DEATH (Month) (Day) (Year): April 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: December 4, 1947

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): U.S.Army 05

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Elma, Washington

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: W.H.McKnight
BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Vera Munford
BIRTHPLACE: Glen Eller, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Present time

16. SOCIAL SECURITY NO.: 8334

17. INFORMANT'S OWN SIGNATURE: Vera M. McKnight
ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Depressed skull fracture
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 14
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Snake River canyon
21c. (CITY, TOWN, OR TOWNSHIP) 421 (COUNTY) Twin Falls (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4 4 67 11a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? In car which went over canyon rim

22. *I hereby certify that I attended the deceased from* Investigation Only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 11:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. Thad Scholes 583 (Degree or title): Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/7/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-6-67
REGISTRAR'S SIGNATURE: Pamela Johnson
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: E-495
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1778
Local Reg. No. D-128
Reg. Dist. No. 460

BIRTH NO.

RECEIVED STATE OF IDAHO

APR 10 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Twin Falls
d. STREET ADDRESS (If rural, give location) R.R.#3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	MARTIN	KNUDSON	April 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married 1	January 29, 1949	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Buhl, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
A.E. Knudson	Hollister, Idaho	Ruth Human	Stillwater, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 519-54-2306
17. INFORMANT'S OWN SIGNATURE A.E. Knudson ADDRESS Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

8834

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture, dislocation of cervical spine — INTERVAL BETWEEN ONSET AND DEATH: Instant.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 14	Snake River canyon	on Twin Falls	421 Twin Falls	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
April 4 6711a.m.		In car which went over canyon rim

22. *I hereby certify that I attended the deceased from* Investigation only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 11:50a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Thad Nichols M.D.	Twin Falls, Idaho	4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/7/67	Buhl City Cemetery	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-6-67	Pamela J. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1779
Local Reg. No. D-134
Reg. Dist. No. 460

RECEIVED
APR 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 430 — 1-43
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
LENGTH OF STAY (In this place): 43 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #2 Twin Falls 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
WALTER	HERBERT	MACK	April 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Widowed 2	October 12, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dexter W. Mack	Keen, New Hampshire	Wealthy Ann Osborn	Hillsboro, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		519-07-9282	Lloyd E. Mack	820 E 150 So. Provo Ut.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Caramona of Colon — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Disease — 5 years.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/29, 1962, *to* 4/5, 19 67 *that I last saw the deceased alive on* 4/3, 19 67, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B L Krulberg M.D. 296	Twin Falls Idaho	4/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 8, 1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-11-67	Pamela J. Johnson		E-343

FIRM NAME: WHITE MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1780
Local Reg. No. 0-130
Reg. Dist. No. 460

RECEIVED APR 14 1967 BUREAU of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN: Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 1139 7th Ave. East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421 b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1139 7th Ave. East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
HOMER	H.	GOBEL	4	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 4	4 - 1 - 1905	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Miner 67
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Webster, West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Gobel — BIRTHPLACE: West Verginia
14. MOTHER'S MAIDEN NAME: Jennie Carroll — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Alice R. Hoppe — ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4201 Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Occlusion
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Adenocarcinoma of Stomach

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 1967, *to* 4-5-, 1967, *that I last saw the deceased alive on* 4-5, 1967, *and that death occurred at* 9:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Thad Scholes M.D.	Twin Falls, Idaho	4-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-8-1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-10-67	Pamela J. Johnson	Paul D. Reynolds	E- 495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1781
Local Reg. No. D-133
Reg. Dist. No. 460

RECEIVED
APR 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 061 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 1200 West Bridge St.

3. NAME OF DECEASED (Type or Print): a. (First) LEO b. (Middle) H. c. (Last) CORDON

4. DATE OF DEATH: (Month) (Day) (Year) April 6 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 divorced

8. DATE OF BIRTH: April 9, 1907

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 21

10b. KIND OF BUSINESS OR INDUSTRY: Barber

11. BIRTHPLACE (State or foreign country): Preston, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ralph P. Cordon
BIRTHPLACE: Willard, Utah

14. MOTHER'S MAIDEN NAME: Elnorah Hunter
BIRTHPLACE: Snyderville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 526-03-1385

17. INFORMANT'S OWN SIGNATURE: Leo H. Cordon
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Acute Coronary Occlusion — Unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 6, 1967, ~~xxxx

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1782
Local Reg. No. 0-137
Reg. Dist. No. 460

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 COC
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 710 West 21st Street

3. NAME OF DECEASED (Type or Print)
a. (First): Anna
b. (Middle): Margareta 143
c. (Last): Juli

4. DATE OF DEATH (Month) (Day) (Year): April 6, 1967

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: March 21, 1908

9. AGE (In years last birthday): 59
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Germany

12. CITIZEN OF WHAT COUNTRY?: Germany

13. FATHER'S NAME: Thies Stendorf — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Anna Schroeder — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 524-38-5561

17. INFORMANT'S OWN SIGNATURE: Anna Juli — ADDRESS: Burley, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

170X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma Left Breast — 6 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-, 1966, *to* 4-6, 1967, *that I last saw the deceased alive on* 4-6, 1967, *and that death occurred at* 7P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harry G. Brimhall M.D. 064
23b. ADDRESS: 676 Shoup W. Twin Falls, Idaho
23c. DATE SIGNED: 4-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 4/6/67
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 4-14-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Lewis Payne
LICENSE NO.: E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-60021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to:

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
APR 14 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 1783
Local Reg. No. 0-135
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 1-46
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
LENGTH OF STAY (in this place) 46 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 427 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 132 - 2nd Street East

3. NAME OF DECEASED (Type or Print) a. (First) MOLLIE b. (Middle) B. 143 c. (Last) FOSTER
4. DATE OF DEATH (Month) (Day) (Year) April 7, 1967
5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH January 21, 1904
9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housekeeper 0
10b. KIND OF BUSINESS OR INDUSTRY Hotel
11. BIRTHPLACE (State or foreign country) Lee Valley, Tennessee
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME Dr. Augustus W. Quary BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Nogie Starnes BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-0510
17. INFORMANT'S OWN SIGNATURE William B. Foster ADDRESS Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 420 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH Indefinite

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 518 (Degree or title) MD.
23b. ADDRESS 204 4th Ave. East Twin Falls, Idaho 83301
23c. DATE SIGNED 4/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/11/67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) Twin Falls (State) Idaho

DATE REC'D BY LOCAL REG. 4-11-67
REGISTRAR'S SIGNATURE Pamela Johnson
25. EMBALMER [signature]
LICENSE NO. E-343

FIRM NAME WHITE MORTUARY, TWIN FALLS, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-6302

NOV 2 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1784
Local Reg. No. D-132
Reg. Dist. No. 460

Certificate of Death

RECEIVED
APR 14 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421 b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 239 3rd St. E.

3. NAME OF DECEASED (Type or Print)
a. (First) HELEN b. (Middle) B. c. (Last) DRUMMIE

4. DATE OF DEATH (Month) (Day) (Year) April 8, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 27, 1898
9. AGE (In years last birthday) 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Shreveport, La.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James F. Harrison — BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Ann Marie Kane — BIRTHPLACE Circleville, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. E. C. Enebeck — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 2 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebrovascular Arteriosclerosis — 5 yr +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cholelithiasis and cholecystitis — 1 yr +

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9 March, 1967, *to* 8 April, 1967, *that I last saw the deceased alive on* 8 April, 1967, *and that death occurred at* 9:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE James H. Spofford 489 (Degree or title) M.D.
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 4/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 11, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise, Idaho (State)

DATE REC'D BY LOCAL REG. 4-10-67
REGISTRAR'S SIGNATURE Pamela J Johnson
25. EMBALMER [signature]
LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1785
Local Reg. No. 143
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1967 Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 4/21 Twin Falls 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give BUSINESS OF STAY (in this place)): Twin Falls — 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 430 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 4

3. NAME OF DECEASED (Type or Print): a. (First) LILLIAN b. (Middle) S. 143 c. (Last) LUNTEY

4. DATE OF DEATH: (Month) April (Day) 8, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	May 26, 1892	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Windom, Minnesota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Anton Sloan	Norway	Maria Stanwick	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	John A Luntey	RFD # 4 Buhl, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast — INTERVAL BETWEEN ONSET AND DEATH: 15 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April, 19 64, *to* April, 1967, *that I last saw the deceased alive on* 4-7-, 1967, *and that death occurred at* 10:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George E. Brown Clerk MD	Twin Falls, Idaho	4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/10/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-19-67	Pamela J. Johnson	George Farmer	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 14 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1786
Local Reg. No. D-139
Reg. Dist. No. 460

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421 3-10
b. CITY OR TOWN Twin Falls
LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420 b. COUNTY Twin Falls
c. CITY OR TOWN Buhl
d. STREET ADDRESS (If rural, give location) Route 4

3. NAME OF DECEASED (Type or Print) a. (First) RAY b. (Middle) 43 c. (Last) McROBERTS

4. DATE OF DEATH (Month) (Day) (Year) April 9 1967

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2
8. DATE OF BIRTH May 24, 1891
9. AGE (In years last birthday) 75 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired farmer 84
10b. KIND OF BUSINESS OR INDUSTRY agriculture
11. BIRTHPLACE (State or foreign country) Hartville, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jim McRoberts BIRTHPLACE Hartville, M O
14. MOTHER'S MAIDEN NAME Rebbecca BARNES BIRTHPLACE Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-18-1917
17. INFORMANT'S OWN SIGNATURE Mrs. Tina McRoberts ADDRESS Burke

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic ~~Bronchial~~ Asthma — 15-20 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31, 1967, *to* 4-9, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Vern H Anderson (Degree or title) M.D.
23b. ADDRESS Buhl, Ida
23c. DATE SIGNED 4-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE April 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) (State) Buhl, Idaho

DATE REC'D BY LOCAL REG. 4-17-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER George Tanner
LICENSE NO. E-480
FIRM NAME: Albertson-Dyckard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1787
Local Reg. No. D-15C
Reg. Dist. No. 460

RECEIVED
APR 24 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN: Twin Falls
(If outside corporate limits, write RURAL and give township) | STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: 654 Locust Street COC

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421 b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 654 Locust Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GROVER	F.	HARTLEY	April 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	December 18, 1887	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Laborer 86		Big Piney, Wyoming	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-05-8563A	Mrs Garnet Craig	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 5 yrs.
DUE TO (c) Gen. arteriosclerosis — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Mar 26, 19 63 *to* 4/11/, 19 67, *that I last saw the deceased alive on* April 11, 19 67, *and that death occurred at* 5:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willard H. Andrus M.D.	Twin Falls, Idaho	4-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/15/67	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-21-67	Pamela J. Johnson	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED APR 24 1967

STATE OF IDAHO

State File No. 1788
Local Reg. No. D-190
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
LENGTH OF STAY (In this place): Visiting Bureau Only
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 T. Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~34 Barton Lane~~ Twin Falls
d. STREET ADDRESS (If rural, give location): 34 Barton Lane

3. NAME OF DECEASED (Type or Print): a. (First) PAUL b. (Middle) C. c. (Last) GAY

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: August 12, 1899

9. AGE (In years last birthday): 67
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Boiler Maker 21

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Culman, Alabama

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gay
BIRTHPLACE: Alabama

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 518-12-6822A

17. INFORMANT'S OWN SIGNATURE: Mrs Nellie M. Gay ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 25 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yr +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 5 yr +
Pulmonary Emphysema — 5 yr +

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Oct, 19 66, to 4/12/, 1967, *that I last saw the deceased alive on* 12 April, 1967, *and that death occurred at* 3:10a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: James H. Goffard (Degree or title) M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/15/67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Paul D. Reynolds
LICENSE NO.: E-495
FIRM NAME: Reynolds Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1789
Local Reg. No. D-157
Reg. Dist. No. 460

RECEIVED APR 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 5-05
b. CITY OR TOWN: Buhl
LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rural--6 Miles N.W. of Buhl

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN: Buhl
d. STREET ADDRESS (If rural, give location): % Mickelwait Trailer Park

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GUY	A. 000	BARTMESS	April 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	May 29, 1896	70		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	LaGrande, Oregon	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Bartmess	Oregon	Vernia Parker	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	519-40-6442	Irene Roberts	RFD # 4 Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carbon Monoxide Poisoning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

9731

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide 20	In Car on County Road	Buhl Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Apr. 14, 1967 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Ran hose from exhaust into car.

22. *I hereby certify that I attended the deceased from* Investigation only, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Thad Scholes 583	Twin Falls County Coroner 4	120 Adams St. Twin Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/19/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-25-67	Pamela J. Johnson	Robert F. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

MAY 25 1967

JUN 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1790
Local Reg. No. D-148
Reg. Dist. No. 460

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42 APR 24 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
c. LENGTH OF STAY IN THIS PLACE: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 42 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Cour
d. STREET ADDRESS (If rural, give location): Sunny View Courts

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JERRY	NORVAL	CROWLEY	4-14-1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 3	6-15-1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Salesman 24	Car salesman	Beeber, Lassen County, California	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Randolph Crowley	Johnson Co. Mo.	Sarah Elizabeth Oakes	Flintes Co, Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-09-7756	Genine M. Daugherty	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Myocardial Infarction	11 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	25 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary Emphysema	5 yrs +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 20 Aug *1966, to* 14 April *1967, that I last saw the deceased alive on* 13 April *1967, and that death occurred at* 3:50a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford M.D.	Twin Falls, Idaho	4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-17-1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-20-67	Pamela J. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1791
Local Reg. No. D-147
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): R.R.# 3

3. NAME OF DECEASED (Type or Print)
a. (First): ARNOLD
b. (Middle): F. 143
c. (Last): JOHNSON

4. DATE OF DEATH (Month) (Day) (Year): 4-15-1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 11-11-1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welding shop owner 22
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Cakato, Minnisota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Louis Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W.# 1 3
16. SOCIAL SECURITY NO.: 502-09-9876 A
17. INFORMANT'S OWN SIGNATURE: Arlo F Johnson — ADDRESS: Vallejo, California

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Infarction of Myocardium — INTERVAL BETWEEN ONSET AND DEATH: 12 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerotic Coronary Thrombosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1953, *to* April 15, 1967, *that I last saw the deceased alive on* April 15, 1967, *and that death occurred at* 1:15p *m., from the causes and on the date stated above.*

23a. SIGNATURE: B.L. Kreelhamp M.D. 296 (Degree or title): M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-18-1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: James C. Reynolds — James C. Reynolds
LICENSE NO.: E-279
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1792
Local Reg. No. 0-173
Reg. Dist. No. 460

BIRTH NO.

APR 24 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 4-04
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY (in this place): 4 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rock Creek Canyon-end Canyon St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EVERETT	ORLAN 143	BAILEY	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	June 1, 1911	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Superintendent 08	(Fish) State Hatchery	Lapwai, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel M. Bailey,	Nebraska	Lucy Mae Taber,	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - - - - -	518-24-6563	Geneva M Bailey	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gunshot wound in head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY)	(STATE)
Suicide 14	Rock Creek Canyon	Twin Falls Twin Falls	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
4	15	67	m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Shot himself in head with 357 Magnum

22. *I hereby certify that I attended the deceased from* Investigation Only, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 12:45 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Thad Scholes 583 M.D. Coroner 4	120 Adams, Twin Falls, Ida.	4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4-18-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-18-67	Pamela J. Johnson	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: MAY 3 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1793
Local Reg. No. D-152
Reg. Dist. No. 460

BIRTH NO.

APR 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42, 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FRANCES	W.	WARREN	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
female	white	widowed 2	Dec. 23, 1883	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Santa Ana, California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Johnston	Nebr.	Amanda Long	Nebr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-56-1986	x Harold W Warren	Hansen, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Occlusion	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic Heart Disease	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Patient DOA at Hospital, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Ellis Knight MD 286	Kimberly, Idaho	4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4-20-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-24-67	Pamela L Johnson	Marie Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 2 1967

NOV 5 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

RECEIVED APR 24 1967 Bureau of Vital Statistics

State File No. 1794
Local Reg. No. D-144
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 431 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T. Falls 431
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1351 Alder Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOHN	D.	FLATT	April 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 31, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher 12	High School	Nezperce, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles P. Flatt	Illinois	Annie Reese	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-16-3384	Mrs. John D. Flatt	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2943 Acute Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 20 June, 1946, *to* 4/15/, 19 67, *that I last saw the deceased alive on* 15 April, 19 67, *and that death occurred at* 8:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H Affleck M.D.	Twin Falls, Idaho	17 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4/19/67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-19-67	Pamela J. John	James C. Reynolds	E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1795
Local Reg. No. D-145
Reg. Dist. No. 460

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 273

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 421
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 816½ Second Avenue East

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): MILLER
c. (Last): SPITZER

4. DATE OF DEATH (Month) (Day) (Year): April 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married/
8. DATE OF BIRTH: August 5, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle Ranching
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Medford Spitzer — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Rebecca Miller — BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.: 530-12-8486
17. INFORMANT'S OWN SIGNATURE: Nursing Home Records — ADDRESS: Twin Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary Emboli, multiple — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c): Arteriosclerotic heart disease — 10 yrs.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-14-, 1967, *to* 4-15-67, 19__, *that I last saw the deceased alive on* 4-15-67, 19__, *and that death occurred at* 8:10a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard H. Clark-MP-092
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-19-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: William J. Boyd
LICENSE NO.: E-490

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Twin Falls Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1796
Local Reg. No. D-164
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 2008 Falls Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First) Ingrid
b. (Middle) Ruth 143
c. (Last) Aspengren

4. DATE OF DEATH (Month) (Day) (Year) April 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 16, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours 1 Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none 00 02
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dale R. Aspengren BIRTHPLACE Minneapolis, Minn.
14. MOTHER'S MAIDEN NAME Diane Peterson BIRTHPLACE Omaha, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Dale R Aspengren ADDRESS Twin Falls,

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 1h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intracranial Hemorrhage — 1hr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1967, *to* 4-16, 1967, *that I last saw the deceased alive on* 4-16-67, 19__, *and that death occurred at* 10:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE Ben F Kat M.D. (Degree or title) 274
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 4/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE April 18, 1967
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 5-1-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER [signature]
LICENSE NO. E-343
FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 0-67-3944

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1797
Local Reg. No. 2-147
Reg. Dist. No. 460

BIRTH NO.

RECEIVED APR 24 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 427 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
DURATION OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer (Rural)
d. STREET ADDRESS (If rural, give location): Route # 1

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Starr Nursing Home 237

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LOREN	ASHLEY	WARNER	April 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Dec. 5, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney 16	Law	Luana, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-16-6089	G W Warner	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 334X Severe Malnutrition & Inanition — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis
DUE TO (c) & Chronic Brain Syndrome 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-27, 1957, *to* 4-16, 1967, *that I last saw the deceased alive on* 4-15 1967, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G W Warner MD. 578	204 4th Ave. East Twin Falls, Idaho 83301	4/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 18, 1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-19-67	Pamela J. Johnson	Ronald J. Hamilton	E-170

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 10 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1798
Local Reg. No. D-146
Reg. Dist. No. 460

RECEIVED
APR 24 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 0.00
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 151 Taylor East

3. NAME OF DECEASED (Type or Print)
a. (First): Emford
b. (Middle): Paul 143
c. (Last): Uphoff

4. DATE OF DEATH (Month) (Day) (Year): April 16, 1967.

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 19, 1922
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Forman 26
10b. KIND OF BUSINESS OR INDUSTRY: Gas Company
11. BIRTHPLACE (State or foreign country): Gilead, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Paul D. Uphoff — BIRTHPLACE: Gilead, Neb.
14. MOTHER'S MAIDEN NAME: Bertha Messing — BIRTHPLACE: Gilead, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 508-18-1777
17. INFORMANT'S OWN SIGNATURE: Mrs Emford Uphoff — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignancy of brain — INTERVAL BETWEEN ONSET AND DEATH: 8 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 19, 1960, *to* April 16, 1967, *that I last saw the deceased alive on* April 16, 1967, *and that death occurred at* 2:35p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H Abblick 003 — **23b. ADDRESS**: 231-4th Ave North Twin Falls Idaho 83301 — **23c. DATE SIGNED**: 17 April 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-19-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Ronald J. Hamilton — LICENSE NO. E-470

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 26 1967

MAY 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1799
Local Reg. No. P-159
Reg. Dist. No. 460

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
STAY (in this place): 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 125 11th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): FLORA
b. (Middle): EMMA 144
c. (Last): YINGST

4. DATE OF DEATH: (Month) (Day) (Year): April 17, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 26, 1890
9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Huntsville, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William R. Walden
BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Nancy Fowler
BIRTHPLACE: Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Olive W. Yingst 408 14th N. ADDRESS Buhl, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Recovering from Acute Right Bronchopneumonia — 2 weeks
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Arteriosclerosis Senile Dementia 1½

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-5, 19 67, *to* 4-17, 19 67, *that I last saw the deceased alive on* 4-16, 19 67, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: L. A. McCluskey MD 338 (Degree or title)
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 4/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4/20/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 4-28-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: George Farmer
LICENSE NO.: E-480
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1800
Local Reg. No. D-163
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 421 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 220 2nd Ave. So.

3. NAME OF DECEASED (Type or Print): a. (First) Freeman b. (Middle) 144 c. (Last) Foss

4. DATE OF DEATH (Month) (Day) (Year): April 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: Oct. 14, 1897

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rent All Owner 22

10b. KIND OF BUSINESS OR INDUSTRY: Rental Equipment

11. BIRTHPLACE (State or foreign country): Neola, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Foss — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Kathryn Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: 552-30-6918A

17. INFORMANT'S OWN SIGNATURE: X [signature] ADDRESS: Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hr +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro vascular Arteriosclerosis — 10 yr +
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Progressive Cerebral Atrophy — 10 yr +
Epilepsy due to 1.-6 — 10 yr +

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Oct, 1962, *to* 18 April, 1967, *that I last saw the deceased alive on* 18 April, 1967, *and that death occurred at* 1 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: James H. Gifford (Degree or title) M.D. — 23b. ADDRESS: Twin Falls Idaho — 23c. DATE SIGNED: 4/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: April 22, 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery — 24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-1-67 — REGISTRAR'S SIGNATURE: Pamela J. Johnson — 25. EMBALMER: [signature] — LICENSE NO.: E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1801
Local Reg. No. D-149
Reg. Dist. No. 410

BIRTH NO.

RECEIVED
APR 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY:
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home - 1738 3rd Ave E.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1738 3rd Ave. East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank		Gattshall	April 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 1, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer	Farming	OHio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JOHN WAYNE GATTSHALL	UNK.	LAURA L. OTT	UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		547-34-7114A	Laura L. Gattshall	Twin Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Rheumatic Heart disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-24, 1962, *to* 4-18, 1967, *that I last saw the deceased alive on* 4-17, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	204 4th Ave. East Twin Falls, Idaho 83301	4/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	Apr. 21, 1967	Goodland Cemetery	Goodland, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-21-67	Pamela J. Johnson	[signature]	E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1802
Local Reg. No. D-167
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 42 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome 270
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eden
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JESSIE b. (Middle) V. c. (Last) TEATER

4. DATE OF DEATH (Month) (Day) (Year) April 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	widowed 2	Sept. 12, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Hswf.	Home	Twin Falls County, Idaho	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Land	Louisiana	Unk.	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	James V. Teater	Eden, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation — INTERVAL BETWEEN ONSET AND DEATH few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/20 19 67 *to* 4/20, 19 67, *that I last saw the deceased alive on* 4/20, 19 67, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	111 6th Ave E - Twin Falls Idaho	4/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 22, 1967	Sunset Memorial Park	Twin Falls, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-1-67	Pamela J. Johnson	[signature]	343

Federal Security Agency
United States Public Health Service

Form DH-62021

FIRM NAME: White Mortuary
Twin Falls, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1803
Local Reg. No. D-157
Reg. Dist. No. 460

Certificate of Death

RECEIVED
APR 28 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 404
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) HARRY
b. (Middle) G.
c. (Last) BAUGH

4. DATE OF DEATH (Month) April (Day) 20, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 11, 1895
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR Months 9 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-Retired 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Pilot Grove, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Horace Greeley Baugh — BIRTHPLACE Pilot Grove, Mo.
14. MOTHER'S MAIDEN NAME Luella Ethel Moore — BIRTHPLACE Pilot Grove, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW1 3
16. SOCIAL SECURITY NO. 518-42-5970
17. INFORMANT'S OWN SIGNATURE x Edith Baugh — ADDRESS Shoshone, Idaho

4500

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Gastric Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 14 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — 7 yrs.
DUE TO (c) c̄ Senile Dementia — 2 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-18, 1952, *to* 4-20, 1967, *that I last saw the deceased alive on* 4-19, 1967, *and that death occurred at* 12:20 Am., *from the causes and on the date stated above.*

23a. SIGNATURE D. A. McCrusky MD (Degree or title) B38
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 4/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4-22-1967
24c. NAME OF CEMETERY OR CREMATORY Shoshone Cemetery
24d. LOCATION (City, town, or county) Shoshone, Idaho (State)

DATE REC'D BY LOCAL REG. 4-24-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Francis M. Bergin
LICENSE NO. E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1804
Local Reg. No. D-162
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Murtaugh
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	H.	BORTZ SR.	April 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
Male	Cauc.	Married	May 14, 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Grocer	Grocery	Great Bend, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Bortz	Germany	Mary Butz	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518-18-1064	Clara L. Bortz	Murtaugh Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary Emphysema — 10 yr+; Chronic Bronchitis and Bronchiectasis — 10 yr+

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 23 May, 1963, *to* 21 April, 1967, *that I last saw the deceased alive on* 21 April, 1967, *and that death occurred at* 6:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Stafford	M.D.	Twin Falls Idaho	4/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 25, 1967	Sunset Mem. Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-1-67	Pamela J. Johnson		E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 9 1967

AUG 2 7 1991

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1805
Local Reg. No. D-160
Reg. Dist. No. 460

RECEIVED MAY 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 201 Twin Falls
b. CITY OR TOWN Twin Falls
LENGTH OF STAY (in this place) 2 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION Sky View Manor 223

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 425
b. COUNTY Twin Falls
c. CITY OR TOWN Buhl
d. STREET ADDRESS (If rural, give location) 512 11th Ave N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bertha	R.	Ferguson	April 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	August 16, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 31	own home	Eustis, Nebr.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Methven	Iowa	Mary Elizabeth Yearon	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-12-2409-B	X Mrs. Henry Wambolt	204 Gayney Twin Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 1X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senile depression — months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 14, 1964, *to* April 21, 1967, *that I last saw the deceased alive on* April 21, 1967, *and that death occurred at* ____ p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD	122 3rd Ave No Buhl	4/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Apr. 24, 1967	Buhl Cemetery	Buhl Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-28-67	Pamela J. Johnson	Jim A Hopkins	E482

FIRM NAME: Buhl Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1806
Local Reg. No. D-155
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAY 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (In hospital or institution) 2 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 420
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 213 12th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) A.
c. (Last) STEWART

4. DATE OF DEATH (Month) (Day) (Year) April 22, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 6, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 64
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Council Grove, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Elbert Stewart — BIRTHPLACE West Virginia
14. MOTHER'S MAIDEN NAME Edith Kirby — BIRTHPLACE West Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-42-1983A
17. INFORMANT'S OWN SIGNATURE Nellie E Stewart — ADDRESS 213 12th N. Buhl

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart dis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic hypertension — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Phlebitis — Weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August 15, 1963, *to* April 22, 1967, *that I last saw the deceased alive on* April 22, 1967, *and that death occurred at* 5:25 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE C W Culling (Degree or title) M
23b. ADDRESS 122 9th Ave No Buhl
23c. DATE SIGNED 4/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/25/67
24c. NAME OF CEMETERY OR CREMATORY Buhl
24d. LOCATION (City, town, or county) Buhl, (State) Idaho

DATE REC'D BY LOCAL REG. 4-27-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Robert T. Dickard
LICENSE NO. E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 9 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1807
Local Reg. No. 42-156
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sky View Manor Nurse Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Sky View Manor

3. NAME OF DECEASED (Type or Print): a. (First) Henry; b. (Middle); c. (Last) Friesen

4. DATE OF DEATH (Month) (Day) (Year): April 23, 1967

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Sept. 28, 1879

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farm Worker

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Manatoba, Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Bernhardt Friesen
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Helen Ens
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-36-6898

17. INFORMANT'S OWN SIGNATURE: X Edna Williams
ADDRESS: Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 1 month
DUE TO (c) Generalized arteriosclerosis — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour):
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Sept 1957 *to* April 23 1967, *that I last saw the deceased alive on* April 23 1967, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Willard H. Clark M.D.
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 4-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 4-27-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
28. EMBALMER: Donald J. Hamilton
LICENSE NO.: E-420
FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1808
Local Reg. No. D-158
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAY 2 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 42 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 551 Main Ave West

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 42 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 551 Main Ave West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ECHO	M.	Holste	April 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 19, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	home	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
✓ Herbert Cleverly	England	✓ Betty Lowder	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-07-8562	Raymond H Holste	Caldwell, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	heart disease	4 year
DUE TO (c)	Cardiac Arrest	2 minutes

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-2, 1958, *to* 7-24, 1964, *that I last saw the deceased alive on* 7-24, 1964, *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean L Oppelt MD	231 - 4th Ave. No. Twin Falls Idaho 83301	4-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal Burial	April 27, 1967	Hillcrest Cemetery	Canyon County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-27-67	Pamela J. Johnson	Donald J. Hamilton	E-478

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1809
Local Reg. No. 27-153
Reg. Dist. No. 460

RECEIVED APR 28 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY IN THIS PLACE (If nonresident): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazel Del Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 457 Ash St. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HANNA	H.	SOULE	April 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
female	white	widowed	Jan. 7, 1876	91		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Hansen	Norway	unkn	unkn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		529-10-9905	Florence M. Gardner	Twin Falls Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Embolism, acute	5 min.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Fracture, Left Hip	8 days.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Fracture Left Hip	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/23, 1967, *to* 4/24, 1967, *that I last saw the deceased alive on* 4/23, 1967, *and that death occurred at* 12 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. C. Kuilbamp M.D.		Twin Falls, Idaho	4-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	4-25-67	Mt. Olivet Cemetery	Salt Lake City, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-24-67	Pamela J. Johnson	Dale D. Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1810
Local Reg. No. 0-154
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Rural
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route #3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Rural Route #3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KENNETH	HASKELL	CARR	April 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 30, 1888	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Gipson City, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry B. Carr	Illinois	Lulu Wicker	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-42-2259	Mrs Chloe Carr	Rt. #3 Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4200 Arteriosclerotic

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-2-56, 19___, *to* 4-20, 1967, *that I last saw the deceased alive on* 4-20, 1967, *and that death occurred at* 4:30 Am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Dean H. Affleck MD	231 - 4th Ave. No. Twin Falls Idaho	4-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 28, 1967	Twin Falls Cemetery	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-27-67	Pamela J. Johnson	Donald J. Hamilton	E-470

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 9 1967

JUL 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

16,644

STATE OF IDAHO

State File No. 1811
Local Reg. No. D-165
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 421
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If in place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Eden, Idaho
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): DEE
c. (Last): DICKARD

4. DATE OF DEATH (Month) (Day) (Year): April 26, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 8, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 24
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Osage, Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rueben Dickard — BIRTHPLACE: UNK.
14. MOTHER'S MAIDEN NAME: Mary Shrum — BIRTHPLACE: UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W W I 3
16. SOCIAL SECURITY NO.: 518-42-6524
17. INFORMANT'S OWN SIGNATURE: Margie Dickard — ADDRESS: EDEN, Id.

18. CAUSE OF DEATH 9160
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burn, thermal, extensive — INTERVAL BETWEEN ONSET AND DEATH: 63 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis, generalized

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 02
21c. (CITY, TOWN, OR TOWNSHIP) 270 (COUNTY) (STATE): Eden 13 Jerome Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 2 23 67 a.m. 1
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Clothing caught fire

22. *I hereby certify that I attended the deceased from* 2/23, 1967, *to* 4/26, 1967, *that I last saw the deceased alive on* 4/26/67, 19__, *and that death occurred at* 12:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 758 (Degree or title): John D. Johnson, M.D.
23b. ADDRESS: 111 6th Ave. E. Twin Falls, Ida
23c. DATE SIGNED: 4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: April 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-1-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-8600

DUTIES: MAY 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant: EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1812
Local Reg. No. D-167
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1230 Blue Lakes Blvd. Nth.

3. NAME OF DECEASED (Type or Print): a. (First) JOSEPH; b. (Middle); c. (Last) BUSCH

4. DATE OF DEATH: (Month) (Day) (Year) April 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: October 12, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer-Cattleman
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Kruitbosch — BIRTHPLACE: Holland
14. MOTHER'S MAIDEN NAME: Dinah Porte — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-07-8930
17. INFORMANT'S OWN SIGNATURE: John L. Porte — ADDRESS: Twin Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cardiac Tamponade
DUE TO (c) Myocardial Infarction — 7 Days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation Only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 12:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Thad Scholes M.D. 583 (Degree or title) Coroner
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5-1-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-1-1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-2-67
REGISTRAR'S SIGNATURE: Pamela Johnson
25. EMBALMER: Paul D. Reynolds — LICENSE NO.: E-495
FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 11 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1813
Local Reg. No. 0-171
Reg. Dist. No. 60

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 17 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1608 - 9th Avenue East

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1608 - 9th Avenue East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	OLIVE	W.	BAKER	April 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	married	July 18, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Nebraska	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Dudley Wilkinson	Nebraska	Martha Jones	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-0-	NONE	Jane B. St. Clair	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 or 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease — 10 years

DUE TO (c) & Benign hypertension — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic allergic asthma — 30 - 40 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-29, 1957, *to* 4-29, 1967, *that I last saw the deceased alive on* 4-14, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	204 4th Ave. East Twin Falls, Idaho 83301	5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 3, 1967	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-4-67	Pamela F. Johnson	[signature]	E-343

FIRM NAME: White Mortuary - Twin Falls, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1814
Local Reg. No. D-168
Reg. Dist. No. 460

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 392 Madison

3. NAME OF DECEASED (Type or Print)
a. (First): Augustus
b. (Middle): Fred
c. (Last): Drake

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Aug. 2, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Victor, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William W. Drake — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret E. Bowles — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-03-7568
17. INFORMANT'S OWN SIGNATURE: X Ella Drake — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ARTERIOSCLEROTIC Heart Disease c̄ Coronary Angina — 2 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-18-65, 19__, *to* 4-3-67, 19__, *that I last saw the deceased alive on* 4-3-67, 19__, *and that death occurred at* 4-29-67 9:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph W. Marshall MD 330
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-3-1967
24c. NAME OF CEMETERY OR CREMATORY: Hagerman Cemetery
24d. LOCATION (City, town, or county) (State): Hagerman, Idaho

DATE REC'D BY LOCAL REG.: 5-4-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Robert S. Meyer — LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel - Gooding, Ida.

MAY 1 0 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1815
Local Reg. No. D-170
Reg. Dist. No. 466

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinic Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls,
d. STREET ADDRESS (If rural, give location): 226 North Washington St.

3. NAME OF DECEASED (Type or Print)
a. (First): Dollie
b. (Middle): E.
c. (Last): Hill

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 13, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Concordia, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jackson H. Peterson — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Eve Kimdler — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 518-14-2186
17. INFORMANT'S OWN SIGNATURE: Marie Williams — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis, Primary Site? 1992 — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Aortic Stenosis - Calcific, Coronary Artery Disease, Cholelithiasis, Osteoarthritis, Cataracts, Fx D12, Hypertension

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/15, 1962, *to* 4/29, 1967, *that I last saw the deceased alive on* 4/28, 1967; *and that death occurred at* 4:50 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy O Shaw M.D. 466
23b. ADDRESS: 111 6th Ave E, Twin Falls, Idaho
23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery
24d. LOCATION (City, town, or county): Twin Falls — (State): Idaho

DATE REC'D BY LOCAL REG.: 5-4-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HITE MORTUARY 73[illegible]-[illegible]600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1816
Local Reg. No. 12-166
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 3rd Street North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: T.Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 409 3rd Street North

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
BETTE		SCHROEDER	April 30,1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	December 10,1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Twin Falls Co.,Twin Falls,Ida.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W.Merkle	Princeville,Ill.	Helen Langdon	Bedford,Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no	519-18-0357	Walter C. Schroeder Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Overdose of Barbiturate and alcohol — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide	409 3rd St. N.	Twin Falls Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* Investigation Only, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. Thad Scholes 583	M. D. Coroner	Twin Falls,Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/3/67	Sunset Memorial Park	Twin Falls,Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-2-67	Pamela J. Johnson	Paul D. Reynolds	E-495

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 12 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1817
Local Reg. No. D-169
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): 513 - 6th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MYRA	G.	ENNIS	April 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Caucasian	Widowed 2	June 24, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07	Home	Lincoln, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel D. Gaines	unknown	Miranda Hays	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-0-	None	x Virginia L. Bridwell	Cambridge, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 443X Cerebral Vascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 30 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio-Vascular disease — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — 3 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* November, 1957, *to* April 30, 1967, *that I last saw the deceased alive on* April 13, 1967, *and that death occurred at* 8:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W Lower MD	Twin Falls, Idaho	May 2, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	LICENSE NO.
Burial	May 3, 1967	Sunset Memorial Park	Twin Falls Idaho	E-343

DATE REC'D BY LOCAL REG.: 5-4-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER:

Federal Security Agency
United States Public Health Service
Form DH-65021

FIRM NAME: WHITE MORTUARY, Twin Falls, Ida.

MAY 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 27 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1818
Local Reg. No. 8
Reg. Dist. No. 310

BIRTH NO.

RECEIVED MAY 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Valley 430
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) McCall
c. LENGTH OF STAY (in this place) 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) McCall Nursing Home 327

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Riggins
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) A. c. (Last) TRIPLETT

4. DATE OF DEATH (Month) (Day) (Year) April 28, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH July 1, 1885
9. AGE (In years last birthday) 81 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Moscow, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sidney Lewis Triplett BIRTHPLACE Wilksberg, N.Car.
14. MOTHER'S MAIDEN NAME Valley Maxwell BIRTHPLACE Albany, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-44-5307
17. INFORMANT'S OWN SIGNATURE Personal records ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5933

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic renal disease — 5 years
DUE TO (c) Obstructive uropathy — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized arterio sclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 *,* 1963 *, to* 4-27 *,* 1967 *, that I last saw the deceased alive on* 4-27 *,* 1967 *, and that death occurred at* 1:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Wayne F. Allen M.D. (Degree or title)
23b. ADDRESS McCall, Idaho
23c. DATE SIGNED 5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Riggins Cemetery
24d. LOCATION (City, town, or county) Riggins, (State) Idaho

DATE REC'D BY LOCAL REGISTRAR May-4-1967
REGISTRAR'S SIGNATURE Myrtle M. Gardner
25. EMBALMER Braxton E. Walker
LICENSE NO. E-386

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: WALKER FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1819
Local Reg. No. 22
Reg. Dist. No. 320

RECEIVED
APR 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY IN THIS PLACE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) 1133 E. 12th

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

3. NAME OF DECEASED (Type or Print): a. (First) DORIS b. (Middle) KATE c. (Last) STEPHENS

4. DATE OF DEATH (Month) (Day) (Year): April 3 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 0

8. DATE OF BIRTH: 9/26/1900

9. AGE (In years last birthday): 66
IF UNDER 1 YEAR: Months 6 Days 7
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Midvale, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Jacob Ader
BIRTHPLACE: ----

14. MOTHER'S MAIDEN NAME: Jane Stewart
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mollie O. Stephens
ADDRESS: Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Bronchopneumonia Cerebrovascular Sclerosis

DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-, 1967, *to* 4-3-, 1967, *that I last saw the deceased alive on* 4-3-, 1967, *and that death occurred at* 2:05P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. S. McGrath MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 4/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/7/67

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 4/3/67

REGISTRAR'S SIGNATURE: R. Dee Thomson

25. EMBALMER: R. Dee Thomson

LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1820
Local Reg. No. 24
Reg. Dist. No. 320

RECEIVED
APR 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 19 Indian Head Drive

3. NAME OF DECEASED (Type or Print): a. (First) NICHOLAS; b. (Middle) GEORGE; c. (Last) SPEROPULOS

4. DATE OF DEATH: (Month) April (Day) 5 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 6, 1930

9. AGE (In years last birthday): 36
IF UNDER 1 YEAR: Months 9 Days 29
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Attorney

10b. KIND OF BUSINESS OR INDUSTRY: Lawyer

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: George Speropulos
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Heitho Galouris
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): 1950-1953

16. SOCIAL SECURITY NO.: 518-28-7093

17. INFORMANT'S OWN SIGNATURE: Geo Speropulos
ADDRESS: Weiser

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain Tumor

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-17- , 1967, *to* 4-5- , 1967, *that I last saw the deceased alive on* 4-5- , 1967, *and that death occurred at* 4:50 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. McGrath MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 4/5/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 4/8/1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser Idaho

DATE REC'D BY LOCAL REG.: 4/5/1967

REGISTRAR'S SIGNATURE: K. Dee Thomason

25. EMBALMER: K. Dee Thomason

LICENSE NO.: E-388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 10 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ~~ALL PARTS OF THIS ITEM. In case a person has resided~~ in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1821
Local Reg. No. 25
Reg. Dist. No. 320

BIRTH NO.

APR 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN: Weiser
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN: Rural Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Earl	Chester	Root		4	17	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	married	1/13/1907	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Kimball, South Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Root	-----	Mary C. Troth	-----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Pearl M. Root	Weiser, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Hypostatic Pneumonia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hepatitis	
DUE TO (c)	Rheumatoid Arthritis	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension	

583 X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

4-14-67

22. *I hereby certify that I attended the deceased from* 1:40 p.m., 19 67, *to* 4-17, 1967, *that I last saw the deceased alive on* 4-17, 1967, *and that death occurred at* 1:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. McGrath MD	Weiser, Idaho	4-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4/20/67	Hillcrest cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-18-67	R. Dan Thomason	Marshall Dickerson Jr.	E 464

FIRM NAME Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1822
Local Reg. No. 28
Reg. Dist. No. 320

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 441 Washington MAY 18 1967 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser Bureau of Vital Stat.
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 440 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cambridge
d. STREET ADDRESS (If rural, give location) ---

3. NAME OF DECEASED (Type or Print) a. (First) EUGENE b. (Middle) EARL c. (Last) VAN FOSSEN

4. DATE OF DEATH (Month) April (Day) 21 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 11/1/1893
9. AGE (In years last birthday) 73 IF UNDER 1 YEAR Months 5 Days 20 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Van Fossen BIRTHPLACE ---
14. MOTHER'S MAIDEN NAME ---- BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Opal Beggs ADDRESS Cambridge

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C.V.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16-, 1967, *to* 4-21, 1967, *that I last saw the deceased alive on* 4-21-, 1967, *and that death occurred at* 2:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 344 (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 4/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4/25/1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 4-21-67
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1823
Local Reg. No. 24
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington — MAY 5 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township) Weiser
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Idaho
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ETTA	MAY	DAVIS	April	23	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 29, 1877	89	8	24		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Slida, Colorado	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
D. H. Priest	---	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mrs Glenn W. Reed	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C-V-A — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-17- 1967, *to* 4-23- 1967, *that I last saw the deceased alive on* 4-23- 1967, *and that death occurred at* 1:05a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. McGeachin M.D.	Weiser, Idaho	4/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 25/67	Hillcrest Cemetery	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4/23/67	R. Dale Thomason	R. Dale Thomason	E-388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1824
Local Reg. No. 27
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
MAY 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 133
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ruby	P.	Sommercamp	4	25	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	caucasian	widowed 2	12/2/1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife	own home	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Peyton	-----	Mary E.	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Ruth Nicholson	Weiser Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aggravated Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chr. Myocarditis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Senility

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-8- *, 19*67*, to* 4-25- *, 19*67*, that I last saw the deceased alive on* 4-25- *, 19*67*, and that death occurred at* 6:15 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
344 [signature] MD	Weiser, Idaho	4/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	4/28/67	Hillcrest	Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
4-28-67	R. Dale Thomason	Marshall Dickerson	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1825
Local Reg. No. 266
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 12 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1715 Westland Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1715 Westland Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Linnie	Gertrude	Wilson	April 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	May 7, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Athens Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Parker B. Wickham — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Milcina Broadwell — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C V A — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 357 (Degree or title)
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Trasker

RECEIVED MAY 26 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1826
Local Reg. No. 267
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1314 North 26th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Litha	Marie	Tasker	April 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Whait	Widowed 2	Sept. 8, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
H ousewife 01	Home maker	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Chester H. Packenham	Clarinda, Iowa	Ollie E. Ellis	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Irving W. Higgins	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 0

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Hypertension
DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-11-67, 19___, *to* 4-30-67 19___, *that I last saw the deceased alive on* 4-30-67, 19___, *and that death occurred at* 7:10p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. M Thomas	528 M.D.	305 Fort St. Boise, Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 3, 1967	Morris Hill Cemetery	Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Myrtle Palmer	Russell L. Kelyea	E-417

FIRM NAME: Kelyea Mortuary, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1827
Local Reg. No. 255
Reg. Dist. No. 370

RECEIVED
MAY 17 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: D.O.A. St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 5315 State Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Vern		Worden	May 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	March 9, 1907	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer	Telephone Company	Boise, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Benjamin Worden	Eden, Utah	Mabel Trego	Keswick, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII		K Mildred Worden	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart disease — 1 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* did not attend, 19___, *that I last saw the deceased alive* Saw after, 19 death, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Paul F. Miner MD	105 N. 8th St. Boise Idaho	5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 4, 1967	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	Myrtle Palmer	Frank M. Heaus	E. 460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1828
Local Reg. No. 60
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 10 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY 001 ADA 201
b. CITY OR TOWN BOISE, IDAHO
c. LENGTH OF STAY (in this place) 33 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA CENTER, BOISE, IDAHO. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO. b. COUNTY 043
c. CITY OR TOWN WENDELL.
d. STREET ADDRESS (If rural, give location) Box 182

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Leo	J	JENSEN		5	1	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	7-10-95	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer 01	Same	Idaho	USA.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christ Jensen	Denmark.	Dorothy Hansen.	Denmark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1 3	518 14 0649	John D. Jensen	VA HOSPITAL RECORDS, BOISE, IDAHO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

592X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic nephritis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO XXXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. ~~I hereby certify that I~~ attended the deceased from 3-29, 19 67, to 5-1-67, 19 ~~that last saw the deceased alive on~~, and that death occurred at 9:45PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. ~~WINDERE~~ Wendell M.D. 597	VA CENTER, BOISE, IDAHO	5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	may 6-67	Wendell	Gooding Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-8-67	Myrtle Palmer	Furnished Weaver	E 353

FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1829
Local Reg. No. 58
Reg. Dist. No. 371

RECEIVED

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA — MAY 3 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO (Bureau)
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE.
d. STREET ADDRESS (If rural, give location): 6460 State Street

3. NAME OF DECEASED (Type or Print): a. (First) Harry — b. (Middle) L — c. (Last) NICHOL

4. DATE OF DEATH: (Month) 5 (Day) 1 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married.

8. DATE OF BIRTH: 6-19-03

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Nebraska.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: William J Nichol. — BIRTHPLACE: Ill

14. MOTHER'S MAIDEN NAME: Ruth A Coolin — BIRTHPLACE: Kansas.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 519073130

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Hospital, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia, RUL — INTERVAL BETWEEN ONSET AND DEATH: 24-36 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Tracheobronchitis, mucopurulent — 24-36 hrs.
and
DUE TO (c) Pulmonary Emphysema

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: April 26,67

19b. MAJOR FINDINGS OF OPERATION: Perforation duodenal ulcer

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I attended the deceased from 4-25, 19 67, to 5-1, 19 67, and that death occurred at 2:30 AM., from the causes and on the date stated above.

23a. SIGNATURE AND (Degree or title): W. G. CROOKSTON, M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-2-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-3-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E 435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 3 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1830
Local Reg. No. 236
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 701 W. Franklin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 701 W. Franklin

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	V	Norby	May 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	never married	Sept. 28, 1928	38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	same	Midwest, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oscar Norby	unknown	unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Charles L. McDonald	Riverton Wyoming

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Self Inflicted Gun Shot in Head. — INTERVAL BETWEEN ONSET AND DEATH: Inst;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Despondant — weeks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
2 Suicide	00	00 00

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* Alive, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 3 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl 583	Coroner	3720 Meadow Drive, Boise	5-3-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 3, 1967	Mountain View Cemetery	Riverton, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-5-67	Myrtle Palmer	Leonard L. Maus	E-443

FUNERAL DIRECTOR: Mountain View Funeral Home, Boise

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1831
Local Reg. No. 234
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 132 Boise Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Dora
b. (Middle) Z.
c. (Last) Wakeman

4. DATE OF DEATH (Month) May (Day) 2, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 21, 1912
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress 06
10b. KIND OF BUSINESS OR INDUSTRY Country Club
11. BIRTHPLACE (State or foreign country) Chicago, Illinios
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Marchetti — BIRTHPLACE Italy
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 557-24-4616
17. INFORMANT'S OWN SIGNATURE X Wm W. Wakeman — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5400

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Necrosis of Colon (Pt. on)

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Subtotal Gastrectomy

DUE TO (c) Gastric Ulcer

INTERVAL BETWEEN ONSET AND DEATH: 2 dg. / 8 da / 4 mo

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION 4/24/67
19b. MAJOR FINDINGS OF OPERATION Gastric Ulcer; Pancreatitis
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/21, 1967, *to* 5/2/, 1967, *that I last saw the deceased alive on* 5/2/67, 19__, *and that death occurred at* 4:00 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard A. Forney M.D. (Degree or title)
23b. ADDRESS 425 West Bannock Boise Idaho
23c. DATE SIGNED 5/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/8/67
24c. NAME OF CEMETERY OR CREMATORY Star Cemetery
24d. LOCATION (City, town, or county) (State) Star, Idaho

DATE REC'D BY LOCAL REG. 5-5-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkenson — LICENSE NO. E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 5 1967

JAN 10 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 12 1967

State File No. 1832
Local Reg. No. 245
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Boise
c. LENGTH OF STAY IN (this place): 7 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1028 Aldape Cove

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1028 Aldape Cove

3. NAME OF DECEASED (Type or Print): a. (First) Winifred b. (Middle) Adele c. (Last) Boebert

4. DATE OF DEATH (Month) (Day) (Year): May 2 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: July 4, 1919
9. AGE (In years last birthday): 47 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Le Beau South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Clarence Oliver Peterson — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Mary Hendrickson — BIRTHPLACE: Ill.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 504-01-6031
17. INFORMANT'S OWN SIGNATURE: Harold L. Boebert — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Chronic obstructive pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

~~DUE TO (b)~~ with chronic cor pulmonale — 11 yrs.

~~DUE TO (c)~~

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 Apr, 1966, *to* 2 May, 1967, *that I last saw the deceased alive on* 25 April, 1967, *and that death occurred at* 6:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 401 Idaho St Boise Ida
23c. DATE SIGNED: 12 MAY 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: May 3, 1967
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Seattle Washington

DATE REC'D BY LOCAL REG.: 5-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1833
Local Reg. No. 239
Reg. Dist. No. 270

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, 306
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST ALPHONSUS HOSPITAL 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: CANYON 142
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 45 CANYON ST.

3. NAME OF DECEASED (Type or Print)
a. (First): MAE
b. (Middle): C.
c. (Last): CLARK

4. DATE OF DEATH (Month) (Day) (Year): MAY 2, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: APRIL 15, 1911
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): NAMPA, IDAHO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: FRANK CLEMENT — BIRTHPLACE: CANADA
14. MOTHER'S MAIDEN NAME: CLARA LaLANDE — BIRTHPLACE: CANADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-8409
17. INFORMANT'S OWN SIGNATURE: Edwin L. Clark — ADDRESS: NAMPA, IDA.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cor Pulmonale

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Emphysema
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Acute Pancreatitis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1956, *to* May, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 4:00P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, MD 019
23b. ADDRESS: 121 E. Idaho, BOISE, IDAHO
23c. DATE SIGNED: 5-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-6-67
24c. NAME OF CEMETERY OR CREMATORY: MT. CALVARY CEMETERY
24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1834
Local Reg. No. 302
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6515 Fairview, Boise, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First): Earl
b. (Middle): McKee
c. (Last): Luckie

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: Oct. 5, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): warehouseman
10b. KIND OF BUSINESS OR INDUSTRY: warehouseman
11. BIRTHPLACE (State or foreign country): Mexico, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Luckie — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War I
16. SOCIAL SECURITY NO.: 557-22-9819
17. INFORMANT'S OWN SIGNATURE: Charles B. Luckie — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain Tumor

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1967, *to* May, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 8 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title)
23b. ADDRESS: 401 Idaho St., Boise
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county): Boise, Ada (State): Idaho

DATE REC'D BY LOCAL REG.: 6-13-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1835
Local Reg. No. 63
Reg. Dist. No. 371

BIRTH NO.

MAY 18 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Boise
c. LENGTH OF STAY (in this place) 21 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 11131 McMillan Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Boise
d. STREET ADDRESS (If rural, give location) 11131 McMillan Rd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Dorothy	Amanda	Johnson	May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	March 6, 1890	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 57	Same	Butler Pennsylvania	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin Barger	Coaltown Pennsylvania	Elizabeth Peters	Old Sara Furnace Penne.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	No	X Louis Johnson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Cardiovascular Disease.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1950, to Sept 12, 1966, that I last saw the deceased alive on 9/12/, 1966, and that death occurred at ____ m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mad K. Bell	M.D.	Boise, Idaho	5/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1967	Preston Cemetery	Preston Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	Myrtle Palmer	Frank G. Relyea	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 25 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to:

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1836
Local Reg. No. 235
Reg. Dist. No. 370

BIRTH NO.

RECEIVED STATE OF IDAHO
MAY 8 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1214 Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Georgia b. (Middle) Lee c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): May 3, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 27, 1884

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Austin, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Smitherman
BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Matilda Barnard
BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-20-1512

17. INFORMANT'S OWN SIGNATURE: Velma L. Mayse
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. senility — yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* 5-3, 1967, *that I last saw the deceased alive on* 5-3, 1967, *and that death occurred at* 8 f m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. B. Patterson M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 5-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/6/67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1837
Local Reg. No. 61
Reg. Dist. No. 371

RECEIVED
MAY 12 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
c. LENGTH OF STAY (in this place): 54 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly.
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle): Jean
c. (Last): DAY.

4. DATE OF DEATH: (Month) 5 (Day) 3 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-16-93

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR — Months / Days
IF UNDER 24 HRS. — Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Orchardist.

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Washington.

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Joseph H Day.
BIRTHPLACE: Oregon.

14. MOTHER'S MAIDEN NAME: Arlena Fetters.
BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1

16. SOCIAL SECURITY NO.: 518 42 6369

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Renal shutdown.	6 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Nephrosclerosis.	2 months +
DUE TO (c)	Diabetes mellitus	12 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	a. Diverticulitis of rectosigmoid. b. Benign prostatic hypertrophy. c. Cystitis.	

19a. DATE OF OPERATION: 4-10-67

19b. MAJOR FINDINGS OF OPERATION: Benign prostatic hypertrophy.

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-10, 19 67, to 5-3, 19 67, that I last saw the deceased on [illegible] and that death occurred at 1:05 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Robert C. Lewis M.D.
ROBERT C LEWIS, M.D. 59 G.P.

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 5-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/4/67

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-11-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John T. Wilkerson

LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1838
Local Reg. No. 246
Reg. Dist. No. 370

BIRTH NO. RECEIVED MAY 12 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 3115 Sycamore St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Guy	H.	Holmes	May 4 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed	May 17, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sales-mgr.
10b. KIND OF BUSINESS OR INDUSTRY: U.S.Fuel Co.
11. BIRTHPLACE (State or foreign country): Prescott, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elmer E. Holmes — BIRTHPLACE: Hillsboro, Ohio
14. MOTHER'S MAIDEN NAME: Lessie Babbitt — BIRTHPLACE: Boone, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War I & II
16. SOCIAL SECURITY NO.: 528-01-0561
17. INFORMANT'S OWN SIGNATURE: Dawn G. Holmes — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastro-Intestinal Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1954, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Mark L. Bell, M.D.	Boise, Idaho	5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 6, 1967	Cloverdale	Boise Ada Idaho

DATE REC'D BY LOCAL REG.: 5-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell G. Kelyea
LICENSE NO.: E-412
FIRM NAME: Kelyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 15 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1839
Local Reg. No. 243
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4705 Corporal St.

3. NAME OF DECEASED (Type or Print) a. (First) Shirlie b. (Middle) c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) May 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 21, 1919	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Malad, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John J. Jones — BIRTHPLACE Malad, Idaho
14. MOTHER'S MAIDEN NAME Armenta Richards — BIRTHPLACE Malad, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE X [signature] ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive cardiovascular disease — several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

443X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10/13, 1965, *to* 5/4, 1967, *that I last saw the deceased alive on* 5/4, 1967, *and that death occurred at* 10:22 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) M D
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/8/1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-12-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John F. Wilkerson
LICENSE NO. E-435
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1840
Local Reg. No. 64
Reg. Dist. No. 371

BIRTH NO.

MAY 18 1967
BUREAU of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: ADA

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO

LENGTH OF STAY (in this place): 50 Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: OREGON

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BURNS

d. STREET ADDRESS (If rural, give location): 348 West Adams Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Warner	J	DICKENSON.	5	4	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced. 2	6-8-89	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	Same	Nebraska.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred (Abb) Dickenson.	Unknown	Katie Bennett.	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE ADDRESS
Yes WW I	540 12 7250	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary edema, acute.	6 hrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Acute congestive heart failure	6 hrs.
DUE TO (c)	Arterio sclerotic heart disease	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-7-67	Gastric ulcer	YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VAA m.		

22. I last attended the deceased from 3-15, 19 67, to 5-4, 19 67, that I last saw the deceased alive on [illegible], and that death occurred at 6:30AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. G. CROOKSTON, D.M.	VA Center, Boise, Idaho	5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 8, 1967	Burns	Burns, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	Myrtle Palmer	Glenn W Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1841
Local Reg. No. 275
Reg. Dist. No. 370

RECEIVED MAY 29 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Rural
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Raymond b. (Middle) Earl c. (Last) Holmes

4. DATE OF DEATH: (Month) (Day) (Year) May 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 9, 1947
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER A DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student
10b. KIND OF BUSINESS OR INDUSTRY: 03
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Marvin E. Holmes — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Betty Jean Rickman — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Marvin Earl Holmes — ADDRESS: Eagle

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4588 Poly arteritis nodosa. — INTERVAL BETWEEN ONSET AND DEATH: 2-3 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Congestive heart failure. — 2-3 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never attended him during life, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 7:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. R. Blackburn MD (Degree or title) 046
23b. ADDRESS: 1320 Vista Boise Idaho
23c. DATE SIGNED: 23 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-67
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Jay Ferrell
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1842
Local Reg. No. 240
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 20 days 201
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2505 Esquire Drive

3. NAME OF DECEASED (Type or Print)
a. (First): WARREN
b. (Middle): O.
c. (Last): BAKER

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 17, 1922
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): consultant
10b. KIND OF BUSINESS OR INDUSTRY: employment agency
11. BIRTHPLACE (State or foreign country): Woodston, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alman Baker — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Lucile Elder — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 563-22-3411
17. INFORMANT'S OWN SIGNATURE: Mrs. Doris Baker — ADDRESS: 2505 Esquire Drive Boise, Ida.

18. CAUSE OF DEATH 2021
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphocytic Leukemia. — INTERVAL BETWEEN ONSET AND DEATH: about 5 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Sclerosing Lymphoma — about 7 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ~~12/19/66~~ m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12/19, 1966, *to* 5/5, 1967, *that I last saw the deceased alive on* 5/4, 1967, *and that death occurred at* 2 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. Clohessy, M.D. 095
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 5-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Summers Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 29 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

SEP 10 1973

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1843
Local Reg. No. 65
Reg. Dist. No. 371

BIRTH NO.

RECEIVED MAY 18 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 110 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital (Center) Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser.
d. STREET ADDRESS (If rural, give location): 1314 W. 4th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Orlon	D. AKA (B)	WHITING	5	6	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-15-21	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Butcher.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Idaho.
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: O. C. Whiting. BIRTHPLACE: Utah.
14. MOTHER'S MAIDEN NAME: Elverna Benson BIRTHPLACE: Idaho
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 518 14 4800
17. INFORMANT'S OWN SIGNATURE: John D. Whiting ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5810

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic encephalopathy — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cirrhosis, portal, chronic — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia — 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ I attended the deceased from 1-16-, 19 67, to 5-6, 19 67, ~~that I last saw the deceased alive on~~ and that death occurred at 5:55PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F. B. HINE, M.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-8-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-419
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1844
Local Reg. No. 247
Reg. Dist. No. 370

RECEIVED MAY 15 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 7 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Valley View Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1000 Liberty Rd.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ethel	Louise	Mersdorf	May 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	April 27, 1888	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Long Savannah, Tenn.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James P. Moon	Tenn.	Nancy L. Blair	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	543-26-2298	A. E. Moon	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1965, 19___, *to* 1967, 19___, *that I last saw the deceased alive on* 3 May, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] (MD)	925 E. 15th Meridian	11 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 8, 1967	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-15-67	Myrtle Palmer	G. W. Waters	E461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1845
Local Reg. No. 262
Reg. Dist. No. 370

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) Thomas b. (Middle) J. c. (Last) White

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Oct. 28, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired
10b. KIND OF BUSINESS OR INDUSTRY: 94
11. BIRTHPLACE (State or foreign country): Valentine, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles E. White — BIRTHPLACE: Indianna
14. MOTHER'S MAIDEN NAME: Idah E. Thompson — BIRTHPLACE: Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Elwood W White — ADDRESS: Meridian

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) 5461 Penetrating Duo Ulcer. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hiatus hernia with Peptic Esophagitis

DUE TO (c) Advanced Emphysema & Bronchopneumonia

II. OTHER SIGNIFICANT CONDITIONS: Malnutrition
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/5/67	Obstruction + 1,2,3 -	YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1960, *to* 5/6, 1967, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Everett N Jones 267 (Degree or title)	Boise, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-10-67	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-19-67	Myrtle Palmer	[illegible]	

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1846
Local Reg. No. 249
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 715 W. Gettysburg

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lillian	E.	Deppel	May 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	June 22, 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Sturgeon, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter S. Lewis	Missouri	Cora I. Bailey	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	516-09-2017	John M Deppel	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma of Colon c liver metastases — INTERVAL BETWEEN ONSET AND DEATH: 2yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1965, *to* May 6, 1967, *that I last saw the deceased alive on* May 5, 1967, *and that death occurred at* 4:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Saum M.D.	125 E. Idaho Boise	5/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 9, 1967	Terrace Lawn	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-15-67	Myrtle Palmer	G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 25 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 1 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1847
Local Reg. No. 212
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho.
LENGTH OF STAY (in this place) 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Camas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Corral
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	Charles	Babington	May 8 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never Married	March 14, 1902	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Agriculture	Corral, Idaho.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles W. Babington	Idaho.	Clarinda Lewis	Hailey, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-42-7066	X Elmer Babington	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Carcinoma Rectum — INTERVAL BETWEEN ONSET AND DEATH: 6 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from May 2, 1967, to May 8, 1967, that I last saw the deceased alive on May 8, 1967, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George R Baker, MD	121 E. Idaho Boise	5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-12-1967	Elmwood Cemetery	Gooding Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-16-67	Myrtle Palmer	Robert Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended October 26, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1848
Local Reg. No. 253
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1151 River St. (F.D.)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1151 River St.

3. NAME OF DECEASED (Type or Print): a. (First) Bobbie; b. (Middle) L.; c. (Last) Wimberly

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec. 20, 1916

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Boise College

11. BIRTHPLACE (State or foreign country): Alexandria Louisiana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Turner W. Wimberly — BIRTHPLACE: Lake Charles, La.

14. MOTHER'S MAIDEN NAME: Lilley Mitchell — BIRTHPLACE: Lake Charles, La.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 428-10-3303

17. INFORMANT'S OWN SIGNATURE: E. D. Paris, Coroner, Ada County — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Had been in Vets. Hospital 3 mos. ago for treatment

INTERVAL BETWEEN ONSET AND DEATH: Mins. / weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 10 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Paris, Coroner (Degree or title)

23b. ADDRESS: 3720 Meadow Drive, Boise

23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5-17-67

24c. NAME OF CEMETERY OR CREMATORY: Willamette Nat'l Cem.

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 5-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Richard L. Maus

LICENSE NO.: E-443

FIRM NAME: Mountain View Funeral Home, Boise, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

10-24-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
OCT 26 1967
Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

Certificate No. 67-1848

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Bobbie L. Wimberly (Name on Original Certificate) who died (Was Born or Died) on May 9, 1967 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 8	Dec 20, 1967	Dec. 20, 1916

Subscribed and sworn to before me this 25th day of October, 1967

Beatrice E. Greer
Notary Public, residing at Boise, Idaho
My commission expires August 29, 1969
(Seal)

X Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person)

P.O. Box 7712 Boise, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 25th day of October, 1967

Beatrice E. Greer
Notary Public, residing at Boise, Idaho
My commission expires August 29, 1969
(Seal)

X Signed Gladys M. Lombowski
(Signature of Any Credible Person)

6330 Tahoe Dr.
(Street Address, City, State)
Boise, Idaho 83705

FORM DH 60-155

22932

10-24-57

67-1348

RECEIVED
OCT 26 1957
Bureau of Vital Statistics

Bobbie L. Kimberly died May 5, 1957

Boise, Idaho

Dec 20, 1957 Dec. 20, 1916

Certificate of Death

STATE OF IDAHO

State File No. 1848
Local Reg. No. 253
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 17 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 11 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1151 River St.(F.D)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1151 River St.

3. NAME OF DECEASED (Type or Print): a. (First) Bobbie; b. (Middle) L.; c. (Last) Wimberly

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1967

5. SEX: Male

6. COLOR OR RACE: Negro

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Dec.20,1967

9. AGE (In years last birthday): 50
IF UNDER 1 YEAR: Months / Days
IF UNDER 1 DAY: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Boise College

11. BIRTHPLACE (State or foreign country): Alexandria Lousiana

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Turner W.Wimberly
BIRTHPLACE: Lake Charles,La

14. MOTHER'S MAIDEN NAME: Lilley Mitchell
BIRTHPLACE: Lake Charles,La.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW# 2

16. SOCIAL SECURITY NO.: 428-10-3303

17. INFORMANT'S OWN SIGNATURE: E.D.Paris
ADDRESS: Coroner Ada County

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Had been in Vets; Hospital 3 Mos; ago, for Treatment — weeks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10P m., *from the causes and on the date stated above.*

23a. SIGNATURE: E.D.Paris (Degree or title): Coroner

23b. ADDRESS: 3720 Meadow Drive, Boise.

23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/17/67

24c. NAME OF CEMETERY OR CREMATORY: Willamette Nat'l.Cem.

24d. LOCATION (City, town, or county) (State): Portland, Oregon

DATE REC'D BY LOCAL REG.: 5-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Edward L. Mann

LICENSE NO.: E-443

FIRM NAME: Mountain View Funeral Home, Boise, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 29 1967
JUL 7 1967
OCT 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1849
Local Reg. No. 70
Reg. Dist. No. 371

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 010 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 018
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian Rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Estella
b. (Middle): M.
c. (Last): Fisher

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 6, 1878
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Griggsville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Hensell — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Mary Jane Warton — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jean Fisher — ADDRESS: Rt 2 Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arterio sclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-27-39, 19__, *to* 5-9-67, 19__, *that I last saw the deceased alive on* 2-11-67, 19__, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jean Fisher 52[illegible]
23b. ADDRESS: 305 Fort St. Boise, Idaho
23c. DATE SIGNED: 5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-13-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo. Jerrod
LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 15 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1850
Local Reg. No. 22
Reg. Dist. No. 371

RECEIVED MAY 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4620 Glenn

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Dwayne	E	McFARLAND	5-	9	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12-10-23	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Same	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wallace McFarland	Idaho	Meda Robertson-Driggs	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	531 24 9419	VA Hospital Records	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1½ yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Acute cystitis — 2 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-8, 19 67, to 5-9, 1967, that I last saw the deceased on [illegible] 19[illegible] and that death occurred at 12:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn Voyles 5-10-67 GLENN Q VOYLES, M.D.	VA Center, Boise, Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-13-67	Dry Creek Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	Myrtle Palmer	Leah Relyea	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 10 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 30 2014

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1851
Local Reg. No. 263
Reg. Dist. No. 370

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise 020
LENGTH OF STAY (in this place): ——
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital 001

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Adams 020
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Meadows
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Amy	Ruth	Dunn	May 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	March 4, 1894	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Hinton, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas J. Thompson	Wales	Dirkey Sinema	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-3843	Mrs. G. C. Kramer	New Meadows Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute myocardial infarction	2 hr
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Coronary artery disease	15 yr ?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Congestive heart failure	24 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 24 Apr, 1967, *to* 9 May, 1967, *that I last saw the deceased alive on* 24 Apr, 1967, *and that death occurred at* 4:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Clayton C. Morgan	M.D.	Boise Idaho	12 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/12/67	Cloverdale Memorial Park.	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-22-67	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1852
Local Reg. No. 256
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convelescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 703 Pioneer Street

3. NAME OF DECEASED (Type or Print)
a. (First): LEE
b. (Middle): E.
c. (Last): NORTHROUP

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1967

5. SEX: Male
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 10, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian
10b. KIND OF BUSINESS OR INDUSTRY: church
11. BIRTHPLACE (State or foreign country): Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sceil Northroup — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Florence (Unknown) — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 487-24-0322
17. INFORMANT'S OWN SIGNATURE: Beatrice Northroup — ADDRESS: 703 Pioneer Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adeno Carcinoma of Colon
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): 1c Metastatic lesion to Liver & small bowel
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9, 1967, *to* 5-9, 1967, *that I last saw the deceased alive on* 5-9, 1967, *and that death occurred at* 11:15 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 3/5 — 23b. ADDRESS: 401 W. Orchard Boise Idaho — 23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-15-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-18-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 25 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1853
Local Reg. No. 244
Reg. Dist. No. 270

RECEIVED MAY 15 1967 Bureau of

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1515 N. 27th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Theodore	Luther	Fish	May 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	May 9, 1967	0	0	0	1	59

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None	None	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph C. Fish	Buhl, Idaho	Janice Jean Bingham	Marysville, Cal.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Joseph C. Fish	1515 N 27th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Immaturity (Birth Wt 16 ounces)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature delivery

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 5-9, 1967, *to* 5-10, 1967, *that I last saw the deceased alive on* 5-10, 1967, *and that death occurred at* 1:24 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bert J. Reed, MD	403 Fort Street, Boise, Ida	5-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/13/67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Myrtle Palmer	John T. Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

D-67-4075

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
MAY 15 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1854
Local Reg. No. 250
Reg. Dist. No. 270

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 27 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada Co. Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 801 Elwood St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ruth	Hosford	Horton	May 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 10, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk 25	Dry goods	Challis, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Hosford	Missouri	Lena Jensen	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-30-2200	D. H. Horton	801 Elwood St. Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema — INTERVAL: years
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 8, 1967, *to* May 10, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* 11:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Troyer, M.D.	MD	Boise Idaho	5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	5/12/67	Mountain View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	EMBALMER	LICENSE NO.
5-15-67	Myrtle Palmer	Edward L. Maus	E-143

FUNERAL HOME NAME: MOUNTAIN VIEW FUNERAL HOME, BOISE, IDA.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 1855
Local Reg. No. 252
Reg. Dist. No. 370

BIRTH NO.

MAY 16 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 3 yrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1022 Chamberlin St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Montana

b. COUNTY:

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wolf Point

d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Daniel	Dudley	Garoutte	May 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Oct. 28, 1875	91				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ranching 04	Cattle raising	Billings Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sell Garoutte	Missouri	Martha Hendricks	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		516-42-4718	Viola B Garoutte	1022 Chamberlin St. Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 4 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Prostate — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 17 Apr, 1967, *to* 3 May, 1967, *that I last saw the deceased alive on* 3 May, 1967, *and that death occurred at* 12:45 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
P.K. Root	M.D.	6003 Overland Rd. Boise Ida.	15 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	5/16/67	Mountain View Crematory	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-16-67	Myrtle Palmer	Richard L. Mann	E-443

Federal Security Agency
United States Public Health Service

Form DH-63021

MOUNTAIN VIEW FUNERAL HOME, BOISE, IDAHO

MAY 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1856
Local Reg. No. 67
Reg. Dist. No. 371

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY IN (this place): 268 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise.
d. STREET ADDRESS (If rural, give location): 4802 Grover Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Granville	T	EYMAN.	5	10	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	8-18-95	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Engineer	Same	Ohio.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frederick C Eyman.	Ohio	Margaret Abernathy.	Pennsylvania.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	518 03 6833	John O. Eyman	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Emphysema, chronic, pulmonary, obstructive.	15 yrs.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death*	1. Cor pulmonale 2. Bronchopneumonia, terminal. 1 day.	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY occur?
VA. m.		

22. I hereby certify that I attended the deceased from 8-15, 19 67, to 5-10, 1967, that I last saw the deceased [illegible] and that death occurred at 2:02 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G STROMBERG, M.D.	VA Center, Boise, Idaho.	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	5-13-67	Mountain View Memorial	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-18-67	Myrtle Palmer	Earl A. Lewis	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1857
Local Reg. No. 251
Reg. Dist. No. 370

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 118
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 18 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1424 Franklin 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 011 ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 1424 Franklin

3. NAME OF DECEASED (Type or Print)
a. (First): EDDY
b. (Middle): FRANKLIN
c. (Last): WELLS

4. DATE OF DEATH (Month) (Day) (Year): MAY 11 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 23
8. DATE OF BIRTH: DEC 21, 1876
9. AGE (In years last birthday): 90
IF UNDER 1 YEAR: Months 4 Days 20
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 84
10b. KIND OF BUSINESS OR INDUSTRY: FARMER
11. BIRTHPLACE (State or foreign country): KANSAS
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: MADISON E. WELLS
BIRTHPLACE: OHIO
14. MOTHER'S MAIDEN NAME: SARAH C. BENNETT
BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: 519-10-6332
17. INFORMANT'S OWN SIGNATURE: Arline Penny
ADDRESS: 3110 Crescent Rim

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis in sleep.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Had Stomach Hemorrhages.
Conditions contributing to the death but not related to the disease or condition causing death.
Months.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: E. D. Paris 583 (Degree or title) Coroner
23b. ADDRESS: 43720 Meadow Drive, Boise,
23c. DATE SIGNED: 5-15-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment
24b. DATE: 5/13/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Mausoleum
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Richard L. Maus
LICENSE NO.: E-443
FIRM NAME: Mountain View Funeral Home Boise

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1858
Local Reg. No. 291
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4814 Gage St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CARRIE	YOST	LANE	May 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 23, 1893	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Harvard, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry H. Yost	Russia	Magdalena Dienes	Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-20-1377	Marjorie C. McCorkle	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 490X Lobar Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 DAYS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. DIABETES Coronary Heart Disease — 10 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-23-59, 19__, *to* 5-12-67, 19__, *that I last saw the deceased alive on* 5-12-67, 19__, *and that death occurred at* 5:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rudisill M.D.	848 La Cassia Boise, Idaho	5/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15, 1967	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1859
Local Reg. No. 257
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAY 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 011 Ada 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 9 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 716 North 8th

3. NAME OF DECEASED (Type or Print)
a. (First) Thomas
b. (Middle) H.
c. (Last) Jennings

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 1, 1885
9. AGE (In years last birthday) 82 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Caldwell, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Haggie Jennings — BIRTHPLACE "No Record"
14. MOTHER'S MAIDEN NAME Ida Callaway — BIRTHPLACE "No Record"

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-22-2934*AX
17. INFORMANT'S OWN SIGNATURE Mrs. Della Jennings — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Mar 11, 1967, *to* May 15, 1967, *that I last saw the deceased alive on* May 11, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Marge R Balier, MD (Degree or title)
23b. ADDRESS 121 E. Idaho Boise
23c. DATE SIGNED 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 15, 1967
24c. NAME OF CEMETERY OR CREMATORY Joplin Cemetery
24d. LOCATION (City, town, or county) Boise Idaho (State)

DATE REC'D BY LOCAL REG. 5-23-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER [signature]
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1860
Local Reg. No. 69
Reg. Dist. No. 371

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada — MAY 25 1967 — 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho. — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 61 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — 301
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1230 Main Street

3. NAME OF DECEASED (Type or Print)
a. (First): Henry
b. (Middle): W
c. (Last): CUMMINGS

4. DATE OF DEATH (Month) 5 (Day) 13 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 11-9-95
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Warehouse man
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: David Cummings — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Margaret McCloud. — BIRTHPLACE: Nova Scotia.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 518 12 1370
17. INFORMANT'S OWN SIGNATURE: John O. Stark — ADDRESS: VAHospital Records, Boise, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic carcinoma of adrenals

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Carcinoma bronchogenic right lung.

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH: Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Chronic pulmonary emphysema 4 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 3-13, 1967, to 5-13, 1967, ~~that I last saw the deceased alive on~~ and that death occurred at 1:55 PM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Robert C. Lewis — ROBERT C LEWIS, M.D. 297
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/18/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Richard L. Maus
LICENSE NO.: E-443

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Mountain View Funeral Home, Boise, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 20, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1861
Local Reg. No. 280
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1616 Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) Mrs. b. (Middle) Vera c. (Last) Lucille Eggers

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: July 25, 1922

9. AGE (In years last birthday): 44 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Dunlap, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter L. McIntosh — BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lucille Erlewine — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Arthur Smith — ADDRESS: Mtn Home, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subarachnoid Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Rupture Cerebral Aneurysm

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES XX NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-9, 19 67, *to* 5-14, 19 67, *that I last saw the deceased alive on* 5-14, 19 67, *and that death occurred at* 12:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Al H Kuykendall, M.D.

23b. ADDRESS: 401 Idaho St.

23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-17-67

24c. NAME OF CEMETERY OR CREMATORY: Mtn View Cemetery

24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 6-1-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: H. Verl Humphery — LICENSE NO.: E-502

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-7-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED JUN 15 1967 Bureau of Vital Statistics

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Mrs. Vera Lucille Eggers (Name on Original Certificate) who died (Was Born or Died) on May 14, 1967 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 22 time of death	5 pm	12:40 am

Subscribed and sworn to before me this 7 day of June, 19 67

Luella M. Booker

Notary Public, residing at Boise, Idaho

My commission expires 2-1-69

(Seal)

X Signed Al H Eggers

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

401 Idaho, Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this ..... day of ....., 19.....

Notary Public, residing at .....

My commission expires .....

(Seal)

X Signed Douglas Eggers

(Signature of Any Credible Person)

.....

(Street Address, City, State)

FORM DH 60-155

Certificate of Death

State File No.
Local Reg. No. 280
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JUN 6 1967 STATE OF IDAHO
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1616 Lincoln

3. NAME OF DECEASED (Type or Print): a. (First) MRS. b. (Middle) VERA c. (Last) LUCILLE EGGERS

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced

8. DATE OF BIRTH: July 25, 1922

9. AGE (In years last birthday): 44
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Dunlap, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter L. McIntosh
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Lucille Erlewine
BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Althea Smith
ADDRESS: Mt. Home, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Subarachnoid Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rupture Cerebral Aneurysm
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-9, 1967, *to* 5-14, 1967, *that I last saw the deceased alive on* 5-14, 1967, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W H Humphreys
23b. ADDRESS: 401 Idaho St.
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/17/67
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 6-1-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: W Neal Humphreys
LICENSE NO.: E-502
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 23 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1862
Local Reg. No. 68
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 25 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 97 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 3202 Wagon Wheel Road

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): S
c. (Last): SANDMEYER

4. DATE OF DEATH (Month) (Day) (Year): 5- 14 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 9-2-28
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Principal
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Joseph Sandmeyer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ellen. Huntley — BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 2
16. SOCIAL SECURITY NO.: 519 24 4421
17. INFORMANT'S OWN SIGNATURE: Joh D Stark — ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Metastatic carcinoma from kidney to lungs and brain — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Clear cell carcinoma, kidney — 2-3 Yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 10-18-66
19b. MAJOR FINDINGS OF OPERATION: Metastatic carcinoma to brain
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 2-6, 1967, to 5-14, 1967, ~~that I last saw the deceased alive on~~ and that death occurred at 5:10AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): R. J. BUNGARD, M.D. by Wm. W. Larson, MD.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-22-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel G. Gibson
LICENSE NO.: 2100

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

MAY 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 2 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 5 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JAN 30 1976

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

343-4201

Certificate of Death

STATE OF IDAHO

State File No. 1863
Local Reg. No. 257
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1404 N. Liberty Road

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle): Charles
c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Feb. 23, 1903
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Contractor
10b. KIND OF BUSINESS OR INDUSTRY: Home Building
11. BIRTHPLACE (State or foreign country): Jewell County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE: George McClelland Howard
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Emma Jane Sattley

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-01-2008
17. INFORMANT'S OWN SIGNATURE: × Neil Howard — ADDRESS: 1404 LIBERTY

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1930

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Ca to Brain

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 704
23b. ADDRESS: 401 Idaho, Boise, Idaho
23c. DATE SIGNED: 5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/16/67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] Waggoner
LICENSE NO.: E-422

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 25 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1864
Local Reg. No. 299
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUN 9 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 306
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 6 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1108 North 28th Street

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): M.
c. (Last): POWELL

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 8, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Inspector 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P. Railroad
11. BIRTHPLACE (State or foreign country): Anville, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Thomas C. Powell, Welchburg, Kentucky
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Lillie F. McDowell, Lyner, Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW #2 4
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: x Marie D. Powell — ADDRESS: 1108 N. 28th Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Few days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart disease — Several years
DUE TO (c): Auricular fibrillation; & left bundle branch block; congestive failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pulmonary emphysema — 8 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-1, 1963, *to* 5-15, 1967, *that I last saw the deceased alive on* 5-11, 1967, *and that death occurred at* 11:03 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. L. Newcombe 387 MD
23b. ADDRESS: 512 N. 16 St. Boise Idaho 83702
23c. DATE SIGNED: 6-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-20-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Terminal Care by Dr Robert F. Holdren
5-12-67 to 5-15-67 during my absence from the city.
H. L. Newcombe M.D.

Certificate of Death

STATE OF IDAHO

State File No. 1865
Local Reg. No. 268
Reg. Dist. No. 270

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 4 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St Lukes Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): 635 NW 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jennie	L.	Taylor	May	15	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Feb 21, 1898	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate	Real Estate	Fairfield Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Roney	New York	Lillie Cooper	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		541-38-8633	Margaret E. Robson	Portland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

200

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) LYMPHOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH: 3 YRS

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-24-67, 19__, *to* 5-15-67, 19__, *that I last saw the deceased alive on* 5-15-67, 19__, *and that death occurred at* 10:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rudkobb MD	848 La Cassia Boise, Idaho	5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-18-67	Evergreen	Ontario Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Myrtle Palmer	John A. Lienkaemper	120 OREGON

FIRM NAME: Bertelson-Lienkaemper

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1866
Local Reg. No. 261
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 25 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Bureau of
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5315 State Street

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) A. c. (Last) Gladwin

4. DATE OF DEATH: (Month) May (Day) 16, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 7, 1882

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Self-Employed

10b. KIND OF BUSINESS OR INDUSTRY: Furniture

11. BIRTHPLACE (State or foreign country): London England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John E. Gladwin
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Emily Hawkes
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-26-0210

17. INFORMANT'S OWN SIGNATURE: Mrs Mildred Worden
ADDRESS

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteria - Sclerosis
DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-3, 1961, *to* 5-16, 1967, *that I last saw the deceased alive on* 5-10, 1967, *and that death occurred at* 8:50 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 305 Fort St.
23c. DATE SIGNED: 5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pocatello City Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1867
Local Reg. No. 258
Reg. Dist. No. 370

RECEIVED MAY 22 1967 Bureau

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 003 St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1529 Londoner Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA
b. (Middle) LOUISE
c. (Last) YANKE

4. DATE OF DEATH (Month) (Day) (Year) May 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 14, 1924
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY At home
11. BIRTHPLACE (State or foreign country) Wausau, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Froehlich — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Hattie Mazer — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 396-16-0594
17. INFORMANT'S OWN SIGNATURE Ralph H. Yanke — ADDRESS 1529 Londoner Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1708

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer, Breast — INTERVAL BETWEEN ONSET AND DEATH 10 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 — *, 19*66*, to* 5-16 *, 19*67*, that I last saw the deceased alive on* 5-16 *, 19*67*, and that death occurred at* 10:55 AM *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 319 (Degree or title) MD
23b. ADDRESS Boise, Idaho
23c. DATE SIGNED 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-19-67
24c. NAME OF CEMETERY OR CREMATORY Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 5-22-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Howell [signature]
LICENSE NO. E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 16 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 12 1991

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1868
Local Reg. No. 76
Reg. Dist. No. 371

RECEIVED
JUN 7 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 911 Franklin St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Adelbert	Heron	Yaryan	May 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married	Aug. 19, 1882	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Yaryan	Colorado	Mary T. Heron	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-36-0267	Flora L. Yaryan	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) cerebral arteriosclerosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 25 MARCH, 1967, *to* 16 MAY, 1967, *that I last saw the deceased alive on* 13 MAY, 1967 *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F. Hugh Atkinson	MD	401 Idaho St. Boise Ida	25 MAY 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/19/1967	Cloverdale Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Myrtle Palmer	John L. Wilkinson	E-435

FIRM NAME: Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 20 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 26 1967

Bureau of Vital Statistics

State File No. 1869
Local Reg. No. 264
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): P. O. Box 693

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ted	Santiago	Valdez	May 16, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Mexican	Single	April 7, 1927	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Unemployed	Farm Worker	Colarado	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joe V-aldez	Colorado	Elisa Dominguez	Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Mike Valdez	Rupert, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) [redacted] Heart Abcess — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Septicemia
DUE TO (c) E Coli infection

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-10, 1967, *to* 5-16, 1967, *that I last saw the deceased alive on* 5-16, 1967, *and that death occurred at* 9:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl A. Kingsdale,	401 Idaho St.	5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 19, 1967	Rupert Cemetery	Rupert, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-22-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1870
Local Reg. No. 71
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
LENGTH OF STAY (in this place): 198 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VETERANS ADMIN. CENTER

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): TWIN FALLS
d. STREET ADDRESS (If rural, give location): 429 -6th ST. NORTH

3. NAME OF DECEASED (Type or Print): a. (First) HARRISON b. (Middle) (NMI) c. (Last) CRITES

4. DATE OF DEATH (Month) (Day) (Year): MAY 17, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 12-19-88

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sheet Metal Worker

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal

11. BIRTHPLACE (State or foreign country): LUTESVILLE, MISSOURI

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: FEORGE CRITES
BIRTHPLACE: UNKNOWN

14. MOTHER'S MAIDEN NAME: SUSIE HOLLIS
BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519 07 9142

17. INFORMANT'S OWN SIGNATURE: OFFICIAL VA RECORDS
ADDRESS: BOISE, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema, pulmonary, chronic — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor pulmonale — Unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY Ooccur?

22. I attended the deceased from Nov. 1, 1966, to May 17, 1967, and that death occurred at 6:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): F.B. HINE, M.D. — F. B. Hine, M.D.
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-19-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Dale McMurtrey
LICENSE NO.: E-410
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1871
Local Reg. No. 22
Reg. Dist. No. 271

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): Sun Set Nursing Home.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
John	L	STEEN	5	17	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	4-6-84	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Miner	Same	Washington.	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E Steen	N. C.	Celeste I, Miller,	Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1	519 12 8458	John L Steen	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Granulomatous pulmonary disease — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

I ~~hereby certify~~ attended the deceased from 5-16, 19 67, to 5-17, 19 67 ~~that I last saw the deceased~~ and that death occurred at 6:25 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. ROBERT C. LEWIS, M.D.	VA Center, Boise, Idaho	5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-20-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Myrtle Palmer	Dale McMartney	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1872
Local Reg. No. 276
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1115 Ash St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruby	B.	Smith	May 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	Nov. 17, 1885	81	6	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None		Bayhorse, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Stephen Calkins	Illinois	Martha Wells	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		Ruby B. Smith	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) —
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Malnutrition — —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 14, 1967, *to* May 18, 1967, *that I last saw the deceased alive on* May 14, 1967, *and that death occurred at* 2301 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Frazier	MD	Boise Idaho	May 22, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	May 22, 1967	Hillcrest Mausoleum	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67	Myrtle Palmer	Kenneth E. Spence	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, ~~who may be any~~ competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1873
Local Reg. No. 292
Reg. Dist. No. 370

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2801 Pleasanton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	William	Hagen	May 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Feb. 15, 1883	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Car Dealer
11. BIRTHPLACE (State or foreign country): Oregon City, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: " No Record "
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Mary Dilley
BIRTHPLACE: " No Record "

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs Helen Northrup
ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA (Cerebral thrombosis)
INTERVAL BETWEEN ONSET AND DEATH: since 5-3-67

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-31-63, 19__, *to* 5-16-67, 19__, *that I last saw the deceased alive on* 5-16-67, 19__, *and that death occurred at* 12:50 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] M.D.
(Degree or title)
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1874
Local Reg. No. 285
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5701 Cruzen

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ERMINIA	NACCARATO	CRISPINO	May 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 17, 1880	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Donechi, Calabria Prov. Italy	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Pietro Naccarato	Italy	Maria	Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		none	Ross Crispino	Nampa, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

260X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old age -
~~DUE TO (c)~~ Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebrovascular thrombosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1965 ~~19~~, *to* May 18, 19 67, *that I last saw the deceased alive on* May 18, 19 67 *and that death occurred at* 10:40A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Teague, MD	MD	Boise, Idaho	May 22 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20, 1967	Mt. Calvary Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	[illegible]	E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1875
Local Reg. No. 269
Reg. Dist. No. 370

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (If in this place) Wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 602 Washington Street

3. NAME OF DECEASED (Type or Print)
a. (First) Isaac
b. (Middle) Lynn
c. (Last) Overly

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 29, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk-ret. 25
10b. KIND OF BUSINESS OR INDUSTRY: hotel
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unknown — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-9402
17. INFORMANT'S OWN SIGNATURE: Mrs E E Shoemaker — ADDRESS: 2606 Woody Dr

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1409

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) METASTATIC CANCER L NECK — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) FROM Lip - with — 2 years
DUE TO (c) EMACIATION & STAPH. alteration of neck mass. — Terminal

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* CARDIAC FAILURE

19a. DATE OF OPERATION: June 1966
19b. MAJOR FINDINGS OF OPERATION: Lip resection for CA.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1965, *to* May 18, 1967, *that I last saw the deceased alive on* May 18, 1967, *and that death occurred at* 11:00 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Richard O. Vycital M.D. 545 (Degree or title)
23b. ADDRESS: R. O. VYCITAL, M. D. 201 East Bannock St. BOISE, IDAHO 83702
23c. DATE SIGNED: 5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: 5/22/67
24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Richard L. Mans — LICENSE NO.
FIRM NAME: Mountain View Funeral Home, Boise, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 1876
Local Reg. No. 265
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada — MAY 26 1967 — 323
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus — 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1307 Grove

3. NAME OF DECEASED (Type or Print): a. (First) Thomas; b. (Middle) 6----; c. (Last) Rudelich

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: March 3, 1886

9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Gospic, Yugoslavia

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Matt Rudelich — BIRTHPLACE: Yugoslavia

14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO. (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 520-03-3083

17. INFORMANT'S OWN SIGNATURE: Anthony S. Rudelich — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* Sept. 3, 1959, *to* May 18, 1967, *that I last saw the deceased alive on* May 18, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: 207 North 3rd St. Boise Idaho — **23c. DATE SIGNED**: 5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-22-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-22-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson — LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 26 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1877
Local Reg. No. 270
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ADA 011
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise, Idaho
LENGTH OF STAY (in this place) 12 days
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY ADA 001
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 2220 Hervey Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gertrude	May	Averill	5-19-67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widow 2	5-11-1892	75		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Clerk-Mgr. Ret. 26	Hotels	Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wesley Walls	Penn.	Laura A. Burr	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-36-2117	Leona B. Banks	Riggins, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhagic Pancreatitis 2398 — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pancreatic Surgery — 3 weeks
DUE TO (c) Pancreatic Tumor — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-22-66, 19___, *to* 5-19-67, 19___, *that I last saw the deceased alive on* 5-19-67, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Maurice M. Rudisaile MD	1848 La Cassia, Boise, Ida	5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
ENTOMBMENT	5/23/67	Mountain View Mausoleum	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Myrtle Palmer	Willard L. Mans	

Mortuary Mountain View Funeral Home, Boise, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1878
Local Reg. No. 78
Reg. Dist. No. 371

Certificate of Death
STATE OF IDAHO

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 82 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): RT # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Elmer	L	WHEELER		5	20	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced.	10-6-95	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Faller & Sawyer.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Edwin D Wheeler — BIRTHPLACE: Michigan.
14. MOTHER'S MAIDEN NAME: Lizetta Harkman — BIRTHPLACE: Wisc.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 534 07 2854
17. INFORMANT'S OWN SIGNATURE: John O Stark — ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adrenal cortical carcinoma (non-functioning) — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 2-27, 1967, to 5-20, 1967, ~~that I last saw the deceased~~ and that death occurred at 8:50PM m., from the causes and on the date stated above.

23a. SIGNATURE: M. G. STROMBERG, M.D. (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5-21-67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 6-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1879
Local Reg. No. 73
Reg. Dist. No. 371

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 24 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer.
d. STREET ADDRESS (If rural, give location): P.O.Box 204.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): C
c. (Last): LEEPER

4. DATE OF DEATH (Month) 5 (Day) 20 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 6-17-06
9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 21
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Oklahoma.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J.B. Leeper — BIRTHPLACE: Okla.
14. MOTHER'S MAIDEN NAME: Bessie McDaniel — BIRTHPLACE: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 519 40 6319
17. INFORMANT'S OWN SIGNATURE John D. Stuart — ADDRESS: VA Hospital Redords, Boise, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary sclerosis with occlusion, acute — INTERVAL BETWEEN ONSET AND DEATH: 12 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Carcinoma left lung with recent pneumonectomy. — 2 Years (?)

19a. DATE OF OPERATION: 5-10-67
19b. MAJOR FINDINGS OF OPERATION: Carcinoma left upper lobe.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that I~~ attended the deceased from 4-26, 1967, to 5-20, 19 67, ~~that I last saw the deceased alive on 19~~ and that death occurred at 5:10AM m., from the causes and on the date stated above.

23a. SIGNATURE Wm. W. Laxson 544 (Degree or title): W. W. LAXSON, M.D.
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/20/67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John L. Wilkerson
LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chl/

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

MAR 2 9 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1880
Local Reg. No. 75
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise, Idaho.
LENGTH OF STAY (in this place) Six Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1216 Boise, Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Oliver	L	LITTLE	5	21	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	3-29-96	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laundryman
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME: Benjamin L Little — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mary V Burris — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW I
16. SOCIAL SECURITY NO.: 519 01 8711
17. INFORMANT'S OWN SIGNATURE: John O Burris ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary emphysema — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? VA

22. I hereby certify that I attended the deceased from 5-15, 19 67, to 5-21, 1967, and that death occurred at 10:15 PM, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): O. F. SWINDELL, M.D.
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-24-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-29-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1881
Local Reg. No. 81
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUN 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY c/o Ada
b. CITY OR TOWN Meridian Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN Meridian Rural
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John		Wolfkiel	May 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 25, 1893	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer Retired 04		Meridian, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Wolfkiel	Penn.	Mary Coble	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	518-07-9096	Margaret E Wolfkiel	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) CA Pancreas c Liver Metastasis — INTERVAL BETWEEN ONSET AND DEATH: Undetermined

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Feb 6 67	CA Pancreas c Liver Metastasis	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 1, 1967, *to* Mar 15, 1967, *that I last saw the deceased alive on* Apr 15, 1967, *and that death occurred at* 2:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
James H Hawley MD (Degree or title)	850 S Latah	June 8 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-24-67	Joplin Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-8-67	Myrtle Palmer	Dee Bernard	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 8 - 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 2 9 1975

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 26 1967

State File No. 1882
Local Reg. No. 27
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1304½ South Owyhee St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1304½ South Owhyee Street

3. NAME OF DECEASED (Type or Print): a. (First) NANCY; b. (Middle) M; c. (Last) CURTIS

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Aug. 4, 1877

9. AGE (In years last birthday): 89
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Claysville, Pennsylvania

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Samuel C. McCracken, Claysville, Pa.

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Sue R. McCay, Washington, Co., Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-60-8932

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Clara M. Stewart, 1304 S. Owhyee, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auricular fibrillation
DUE TO (c) & Heart block

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4331

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:45 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title): D. B. Patterson M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-24-67

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: J. Richard Reed — **LICENSE NO.**: E-449

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1883
Local Reg. No. 260
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
MAY 25 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5706 Fairview

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Jacob c. (Last) Uffelmann

4. DATE OF DEATH: (Month) (Day) (Year): May 22, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widower 2

8. DATE OF BIRTH: June 22, 1881

9. AGE (In years last birthday): 85
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Husenbach, Russia

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Unknown
BIRTHPLACE: Russia

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-28-5228

17. INFORMANT'S OWN SIGNATURE: Vern Shanahan
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

154X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Carcinoma uterus — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-18, 1967, *to* 5-22, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 570 (Degree or title)

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 24 My 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-25-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-24-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson
Eldon T. Pearson

LICENSE NO.: E512

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1884
Local Reg. No. 309
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 719 Robert St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ann	Gladys	Barnett	May	22	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	April 16, 1917	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Same	Griffin Georgia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J.B. Godard	Griffin Georgia	Eda Carden	Griffin Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	253-18-8805	Gladys Barnett	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic Bronchogenic Carcinoma	6 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Bronchogenic Carcinoma Right Lung	14 mos
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
2-20-67	Inoperable Carcinoma left lung	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-29-, 1966 *to* 5-22, 1967, *that I last saw the deceased alive on* 5-8, 1967, *and that death occurred at* 5:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leon W. Howerton MD 343	Boise Idaho	6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1967	Griffin Cemetery	Griffin Georgia

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-12-67	Myrtle Palmer	Leland M. Relyea	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1885
Local Reg. No. 272
Reg. Dist. No. 270

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1014 North 21st Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1014 North 21st Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELIZABETH	LOUISE	SMITH	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married	Sept. 19, 1892	74				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	At home	Cedar Rapids, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Daniel E. Webb	Unknoan	Mary L. (Unknown)	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	None	Charles W. Smith	1014 N. 21st Boise Idaho

MEDICAL CERTIFICATION

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic congestive heart — 6 weeks
DUE TO (c) Cardiac

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic myocarditis — 4 months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Carcinoma	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3-17, 1941, *to* 5-22, 1967, *that I last saw the deceased alive on* 5-17, 1967, *and that death occurred at* 9:40 AM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Boise Idaho	5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-25-67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Myrtle Palmer	Fred E. Walker	E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1886
Local Reg. No. 298
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): P. O. Box 748

3. NAME OF DECEASED (Type or Print)
a. (First): Christina
b. (Middle): Marie
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 5, 1961
9. AGE (In years last birthday): 6 — IF UNDER 1 YEAR: Months 1, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Flagstaff, Arizona
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lawrence Green — BIRTHPLACE: Eureka, Montana
14. MOTHER'S MAIDEN NAME: Wanda Elsey — BIRTHPLACE: Indianapolis, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Lawrence D. Green — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Met. Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Adrenal Carcinoma
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: March 1967
19b. MAJOR FINDINGS OF OPERATION: Met Tumor
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1967, *to* May 23, 1967, *that I last saw the deceased alive on* May 23, 1967 *and that death occurred at* 3:00 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 704
23b. ADDRESS: Boise, Idaho
23c. DATE SIGNED: June 4 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale
24d. LOCATION (City, town, or county) (State): Homedale, Idaho

DATE REC'D BY LOCAL REG.: 6-8-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1887
Local Reg. No. 281
Reg. Dist. No. 370

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5203 Willow Lane

3. NAME OF DECEASED (Type or Print): a. (First) Alex; b. (Middle); c. (Last) Chachas

4. DATE OF DEATH: (Month) May (Day) 23, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: Apr. 15, 1886

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Agowstos, Turkey

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Theodore Chachas
BIRTHPLACE: Greece

14. MOTHER'S MAIDEN NAME: Unknown
BIRTHPLACE: Greece

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: X John Linkos
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Probable uremia — INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 3:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl J. Carlson M.D. (Degree or title)
23b. ADDRESS: Boise Idaho.
23c. DATE SIGNED: 5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435
FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 29 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1888
Local Reg. No. 74
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
LENGTH OF STAY (in this place): 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 419-So 12th Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Earl	G	DeCORDOVA	5	23	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Separated	4-29-96	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Colo.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob DeCordova. BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Mary Bitterly BIRTHPLACE: New York.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 530 10 5046
17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 19 67, to 5-23, 19 67, and that death occurred at 5:35 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. SWINDELL, M.D.	VA Center, Boise, Idaho	5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	5-27-1967	Morris Hill Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-26-67	Myrtle Palmer	Eldon T. Pearson Eldon T. Pearson	E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

SEP 12 1967

FEB 14 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1889
Local Reg. No. 272
Reg. Dist. No. 370

Certificate of Death

BIRTH NO. RECEIVED STATE OF IDAHO

MAY 29 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01 203
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 9 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sunset Nursing Home 235

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 507 South 15th.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Jane
c. (Last): Chambers

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 13, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Belview, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Lawler — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Shara Clouse — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: No.
17. INFORMANT'S OWN SIGNATURE: Illa Wilcox — ADDRESS: 518 Pierce

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Heart Disease c̄

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): decompensation
DUE TO (c): Arteriosclerosis Gen

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-23-, 1967, *to* 5-23, 1967, *that I last saw the deceased alive on* 5-23, 1967, *and that death occurred at* 4:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson 484 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-26-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 26 1984

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1890
Local Reg. No. 79
Reg. Dist. No. 371

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada.
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
LENGTH OF STAY (in this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser.
d. STREET ADDRESS (If rural, give location): 828 E. Commercial Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Willard	D	REMBERT.	5	24	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Alabama. 3-20-97	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Laborer	Same	Alabama	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Rembert.	Ohio	Rosy E. Marfurnish.	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 1 & 11	722 18 1634	John D Rembert	VA Hospital Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	10 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Inanition	4 months
DUE TO (c)	Adenocarcinoma of rectum	7 months
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Pulmonary abscesses	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5-19-67	Adenocarcinoma of the rectum	YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA	WHILE AT WORK ☐ NOT WHILE AT WORK ☐ m.	

22. I hereby certify that I attended the deceased from 5-11, 1967, to 5-24, 1967, that I last saw deceased alive on [illegible], and that death occurred at 6:20 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. K. HELFERTY, M.D.	VA Center, Boise, Idaho.	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5-25-67		Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	Walter McMurtrey	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 29 1967

State File No. 1891
Local Reg. No. 274
Reg. Dist. No. 270

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Owyhee Hotel

3. NAME OF DECEASED (Type or Print): a. (First) Sonia; b. (Middle) ---; c. (Last) Sommer

4. DATE OF DEATH: (Month) (Day) (Year): May 24, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: Jan. 15, 1898

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Unknown

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Kansas City, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Wolff
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Isabell Netter
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-07-6246

17. INFORMANT'S OWN SIGNATURE: Gustav L. Wenger
ADDRESS: Portland

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Stomach — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Metastases

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour):

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1963, *to* May, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 7:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Quentin C. Howard M.D.

23b. ADDRESS: 401 Idaho St. Boise

23c. DATE SIGNED: May 25, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-26-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson

LICENSE NO.: E-512

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 10 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1892
Local Reg. No. 300
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1708 North 30th

3. NAME OF DECEASED (Type or Print)
a. (First) Joyce
b. (Middle) Elaine
c. (Last) Ethridge

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 18, 1940
9. AGE (In years last birthday) 27 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Nebraska City, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Adolph Fred Braun — BIRTHPLACE Davenport Nebraska
14. MOTHER'S MAIDEN NAME Mildred Mitzner — BIRTHPLACE Dunbar, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-40-4301
17. INFORMANT'S OWN SIGNATURE Maureen H. Relyea — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypoxemia — INTERVAL BETWEEN ONSET AND DEATH 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bronchial Asthma — 3 yr.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1964, *to* May, 1967, *that I last saw the deceased alive on* May 25, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE George R Balie, M.D. 019 (Degree or title)
23b. ADDRESS 121 East Idaho
23c. DATE SIGNED 6/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY Gooding Cemetery
24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. 6-12-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Elaine H. Sears
LICENSE NO. E-460

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1893
Local Reg. No. 80
Reg. Dist. No. 371

RECEIVED
JUN 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 3600 Mtn View Drive. Boise, Idaho.
d. STREET ADDRESS (If rural, give location): 3600 Mtn View Drive.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): J.
c. (Last): ARP Sr.

4. DATE OF DEATH (Month) (Day) (Year): 5 25 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-7-95
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Salesman
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Arp. — BIRTHPLACE: Germany.
14. MOTHER'S MAIDEN NAME: Ida Kopke — BIRTHPLACE: Germany.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 1
16. SOCIAL SECURITY NO.: 562 03 7166
17. INFORMANT'S OWN SIGNATURE: John Stark — ADDRESS: VA Hospital Records, Boise, Idaho

3561

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Amyotrophic lateral sclerosis — 18 months
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I ~~hereby certify that I~~ attended the deceased from* 5-21, 19 67, *to* 5-25, 19 67, ~~[illegible]~~ *~~[illegible]~~ 19 ~~and that death occurred at~~* 11:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE Glenn Voyles 597 (Degree or title): GLENN Q VOYLES, M.D. ~~597~~
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-2-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JULY 6 to 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 6 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1894
Local Reg. No. 77
Reg. Dist. No. 371

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise, Idaho.
LENGTH OF STAY (In this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): Star Route.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Bernard	V.	BELL		5	25	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	4-25-02	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher	Same	Kansas	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W Bell	Kansas.	Anna Jacobson.	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	519 12 3656		VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic lymphatic leukemia. — INTERVAL BETWEEN ONSET AND DEATH: 6 months +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
VA m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from 5-21, 19 67, to 5-25, 19 67, that I last saw the deceased ~~alive on~~ and that death occurred at 7:15AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert C. Lewis, M.D. ROBERT C LEWIS, M.D.	VA Center, Boise, Idaho	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-1-67	Myrtle Palmer		E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended July 12, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1895
Local Reg. No. 293
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Ernest; b. (Middle); c. (Last) Egan

4. DATE OF DEATH: (Month) May (Day) 25, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 13, 1889

9. AGE (In years last birthday): 78 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Ranching & Farming

11. BIRTHPLACE (State or foreign country): Irondheim, Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Egan — BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME: — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: B. Ernest Egan — ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 177X Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Prostate — 4 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8-67, 19____, *to* 5-25-67, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. M. Burkholder, M.D. (Degree or title) 071

23b. ADDRESS: 848 LaCassia, Boise, Idaho

23c. DATE SIGNED: 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

24b. DATE: May 29,1967

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: F. Richard Reed

LICENSE NO.: E-440

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUL 6 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO } ss.
County of TWIN FALLS }

Certificate No. 67-1895

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Ernest Egan (Name on Original Certificate) who died (Was Born or Died) on May 25, 1967 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by PASSPORT # 149877 (Bible Record, Insurance Policy, Etc.) prepared on FEB 2ND, 1948 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#12 -Citizen of What Country	Norway	U. S. A.

Subscribed and sworn to before me this 5th day of July, 1967

Notary Public, residing at Twin Falls, Idaho
My commission expires 12-20-70
(Seal)

Signed B. Ernest Egan
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

136-10th Ave. No. Twin Falls, Ida.
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.
County of TWIN FALLS }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1967

Notary Public, residing at Twin Falls Idaho
My commission expires 12-20-70
(Seal)

Signed Nettie Egan
(Signature of Any Credible Person)

RT 2 - Kimberly Idaho. 83341
(Street Address, City, State)

FORM DH 60-155

photocopy of passport issued to Ernest Egan Feb 2, 1948 shows that he is a citizen of the United States. viewed by VS

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1895
Local Reg. No. 272
Reg. Dist. No. 370

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 3 wks.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) c. (Last) EGAN

4. DATE OF DEATH (Month) (Day) (Year): May 25, 1967

5. SEX: Male

6. COLOR OR RACE: Cauc.

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: May 13, 1889

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher

10b. KIND OF BUSINESS OR INDUSTRY: Ranching & Farming

11. BIRTHPLACE (State or foreign country): Trondheim, Norway

12. CITIZEN OF WHAT COUNTRY? Norway

13. FATHER'S NAME: Egan
BIRTHPLACE: Norway

14. MOTHER'S MAIDEN NAME:
BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: B Ernest Egan
ADDRESS: Twin Falls

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) UREMIA — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CARCINOMA PROSTATE — 4yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-8-67 *to* 5-25-67, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature], M.D.

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

24b. DATE: May 29, 1967

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 6-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: J. Winward Reed

LICENSE NO.: E-448

FIRM NAME: WHITE MORTUARY 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 12 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 7 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1896
Local Reg. No. 277
Reg. Dist. No. 370

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN Boise
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1221 S. Capitol Blvd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Oregon
b. COUNTY Union
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) La Grande
d. STREET ADDRESS (If rural, give location) 903 Penn Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Worth	Albert	Epling	May 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	12 December 1912	54				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grocery Merchant
10b. KIND OF BUSINESS OR INDUSTRY Grocery
11. BIRTHPLACE (State or foreign country) La Grande, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Floyd A. Epling — BIRTHPLACE Kentucky
14. MOTHER'S MAIDEN NAME Lulu A. McGurie — BIRTHPLACE —

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W. W. II
16. SOCIAL SECURITY NO. 541-10-5821
17. INFORMANT'S OWN SIGNATURE Jean Epling — ADDRESS La Grande, Oregon

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema & Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Subject to, & Treatment of Emphysema. — Months.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See *to* Alive, 19, *that I last saw the deceased alive on* , 19, *and that death occurred at* 3 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
C. D. Paris 583 (Degree or title)	Coroner 3720 Meadow Drive, Boise.	5-31-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5/25/67	Hillcrest Cemetery	La Grande, Union, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Myrtle Palmer		E-461

FIRM NAME: Mountain View Funeral Home, Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 14 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 24 1967

APR 19 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

JUL 25 1974

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1897
Local Reg. No. 278
Reg. Dist. No. 270

BIRTH NO.

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1501 Wilcomb

3. NAME OF DECEASED (Type or Print): a. (First) Stanley; b. (Middle) Charles; c. (Last) Shelton

4. DATE OF DEATH: May 26, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Sept. 19, 1914

9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Store owner

10b. KIND OF BUSINESS OR INDUSTRY: Retail grocer

11. BIRTHPLACE (State or foreign country): Near Star, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Clarence B. Shelton — BIRTHPLACE: Caldwell, Ida.

14. MOTHER'S MAIDEN NAME: Etta M. Lamper — BIRTHPLACE: Middleton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-09-9380

17. INFORMANT'S OWN SIGNATURE: Mrs. Stanley Shelton — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Gastric Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Mar 22 '67

19b. MAJOR FINDINGS OF OPERATION: Gastric CA metastatic to liver, esophagus + aorta

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Robert H. Hoeltzel (Degree or title): M D — **23b. ADDRESS**: 201 W State St Boise — **23c. DATE SIGNED**: 31 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 5/29/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Cloverdale — **24d. LOCATION** (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-1-67 — **REGISTRAR'S SIGNATURE**: Myrtle Palmer — **25. EMBALMER**: John F. Wilkerson — **LICENSE NO.**: E 435

FIRM NAME: McBratney-Aiden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 5 1968

MAR 9 1989

NOV 2 2 1994

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1898
Local Reg. No. 294
Reg. Dist. No. 270

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): Few. Hrs.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Boise

d. STREET ADDRESS (If rural, give location): 4411 Irving St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John		Zuidema	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 16, 1889	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	Farming	Holland	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
" No Record "		" No Record "	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	No	Bessie H. Zuidema	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary Edema	2 days
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Emphysema	-
DUE TO (c)	Post Surgery	- 2 days
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Arteriosclerosis	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Post Surg Evisceration Bowel	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 26 May, 1967, *that I last saw the deceased alive on* 26 May, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	357	Boise Ida	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1967	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Myrtle Palmer	[signature]	E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 6 1967 Bureau of Vital Statistics

State File No. 1899
Local Reg. No. 82
Reg. Dist. No. 371

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 01 Ada 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Meridian
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Auto Accident near Meridian 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rt. # 1 Kuna
d. STREET ADDRESS (If rural, give location): Rural Rt. #.1

3. NAME OF DECEASED (Type or Print): a. (First) Melford b. (Middle) O c. (Last) Meade

4. DATE OF DEATH (Month) (Day) (Year): May 26 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: July 30, 1928

9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welder 21

10b. KIND OF BUSINESS OR INDUSTRY: Harvester Co.

11. BIRTHPLACE (State or foreign country): Kutch Colo.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Roy Meade — BIRTHPLACE: Kansas

14. MOTHER'S MAIDEN NAME: Margie Welch — BIRTHPLACE: Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 524-30-8374

17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea — ADDRESS:

MEDICAL CERTIFICATION

3164

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed skull. — INTERVAL BETWEEN ONSET AND DEATH: Inst;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Auto Collision. — Inst;

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 00 000

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See *to* Alive, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 1154 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title) Coroner 4

23b. ADDRESS: 3720 Meadow Drive, Boise.

23c. DATE SIGNED: 6-5-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 31, 1967

24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery

24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: 6-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1900
Local Reg. No. 279
Reg. Dist. No. 370

RECORDED Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUN 2 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 3 Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Treasure Valley Manor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 1210 North 20th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ISABELLE	C	ENSIGN	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 19, 1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: At home

11. BIRTHPLACE (State or foreign country): Beloit, Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO. 518-54-3098

17. INFORMANT'S OWN SIGNATURE: Carolyn B. Ensign ADDRESS: 300 South Straughan Boise, Ida.

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bilateral Bronchopneumonia	72hrs.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Diabetis Mellitus	15 yrs.
DUE TO (c)	Congestive Heart	2 Months

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1937, 19__, *to* 5-26, 1967, *that I last saw the deceased alive on* 5-26-67, *and that death occurred at* 4:55 PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. S. Johnson MD	Boise Idaho	5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Entombment	5-29-67	Boise Mausoleum	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	Lowell W. Summers	E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 7 1967 Bureau of Vital Statistics

State File No. 1901
Local Reg. No. 222
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1412½ No. 12th. Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Mary	Catherine	Grapp	May	26,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 12, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Furrier & Alteration 21	Clothing	Osage, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gleason	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Reginald T Grapp	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Nov 1965

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CVA — Nov 1965
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov, 65, *to* May 25, 1967, *that I last saw the deceased alive on* May 25, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D M Richardson MD	Boise Idaho	5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/29/67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Myrtle Palmer	John F Wilkerson	E435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1902
Local Reg. No. 01
Reg. Dist. No. 371

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO.
c. LENGTH OF STAY (In this place): 298 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): FRUITLAND
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Teddy	A	HUCKER	5	27	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	1-10-23	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate Salesman.	Same	Oregon	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert Hucker	Oregon.	Ethel West	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	540 44 0610	[signature]	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hodgkin's Disease. — INTERVAL BETWEEN ONSET AND DEATH: 6 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
VA m.		

22. I last attended the deceased from 8-2- , 19 66, to 5-27 , 19 67, and that death occurred at 2:55 PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. G. STROMBERG, M.D.	VA Center, Boise, Idaho	5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5-28-67	Evergreen Cemetery	Ontario, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	[signature]	E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: JAN 30 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Ammended 6-13-67

Certificate of Death

STATE OF IDAHO

State File No. 1903
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 13 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): V.A.Center, Boise

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6308 Daytona

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Farrell	P	Maughan	May	27	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	Dec.6 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations Officer
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Willard W Maughan — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret Parker — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W.II
16. SOCIAL SECURITY NO.: 570 28 2491
17. INFORMANT'S OWN SIGNATURE: John D. Stork, V.A. Hospital — ADDRESS: Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14, 1967, *to* 5-27, 1967, *that I last saw the deceased* [illegible] *and that death occurred at* 12:07 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O.F.Swindell, M.D	VA Center, Boise, Idaho	May 29,1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 21,1967	Morris Hill	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
Jun.12,67	Myrtle Palmer	Russell A. Relyea	E-412

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-12-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

State of Idaho
County of Ada } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for Farrell P. Maughan (Name on Original Certificate) who died (Was Born or Died) on May 27, 1967 (Date of Event)
in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Military Records (Bible Record, Insurance Policy, Etc.) prepared on Oct 4, 1943 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthdate	1916	1910
Age	50	56

Subscribed and sworn to before me this 13 day of June 1967

Notary Public, residing at Boise Idaho
My commission expires 8-15-68
(Seal)

Signed Russell C. Kelsea
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

318 N. Latah, Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Ada } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 13 day of June, 1967

Notary Public, residing at Boise Idaho
My commission expires 8-15-68
(Seal)

Signed Dave E. Maughan
(Signature of Any Credible Person)

6308 Daytona Dr., Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

Farrell P. Maughan died May 27, 1967

Death

Boise, Idaho

Age 50 56

310 N. Latah, Boise, Idaho

C. E. MAY
NOTARY
PUBLIC
STATE OF IDAHO

State File No.
Local Reg. No. 86
Reg. Dist. No. 371

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: ADA
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE, IDAHO
c. LENGTH OF STAY (In this place): 13 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6308 Datonia Drive

3. NAME OF DECEASED (Type or Print)
a. (First): Farrell
b. (Middle): P
c. (Last): MAUGHAN

4. DATE OF DEATH (Month) (Day) (Year): 5 27 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-6-16
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Public Relations Officer.
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Utah.
12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Willard W Maughan — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Margaret Parker — BIRTHPLACE: Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW 11
16. SOCIAL SECURITY NO.: 570 28 2491
17. INFORMANT'S OWN SIGNATURE John D Stark — ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. ~~[illegible]~~ *attended the deceased from* 5-14, 19 67, *to* 5-27, 19 67, ~~[illegible]~~, *and that death occurred at* 12:07AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): O. F. SWINDELL, M.D. — O F Swindell 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-21-1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea — LICENSE NO.: E-412
FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 13 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 8, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1904
Local Reg. No. 286
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada 001 401

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 1 hour

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 014

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

d. STREET ADDRESS (If rural, give location): 720 Iowa Street

3. NAME OF DECEASED (Type or Print)

a. (First): Richard

b. (Middle): D.

c. (Last): Nadeau

4. DATE OF DEATH: (Month) May (Day) 27, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: May 15, 1915

9. AGE (In years last birthday): 52 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Co-Owner 22

10b. KIND OF BUSINESS OR INDUSTRY: Nelson Floral Co.

11. BIRTHPLACE (State or foreign country): Placerville, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Noel Nadeau

BIRTHPLACE: Hugo, Minnesota

14. MOTHER'S MAIDEN NAME: Emma Nordmark

BIRTHPLACE: Minot, North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW #2 4

16. SOCIAL SECURITY NO.: 519-09-0648

17. INFORMANT'S OWN SIGNATURE: Noreen Nadeau, 720 Iowa St., Boise, Idaho

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction

INTERVAL BETWEEN ONSET AND DEATH: 2 hr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-27, 19 67, *to* _____, 19____, *that I last saw the deceased alive on* 5-27, 19 67, *and that death occurred at* 1:20p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Walter W. Hair, M.D. 654 1

23b. ADDRESS: 425 W. Bannock, Boise

23c. DATE SIGNED: 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-31-67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-2-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Fred E. Walker

LICENSE NO.: E-485

FIRM NAME: Summers Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH
BUREAU OF VITAL STATISTICS

6-8-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Richard D. Nadeau (Name on Original Certificate) who died (Was Born or Died) on May 27, 1967 (Date of Event) in Boise (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 8 Date of birth	May 15, 1916	May 15, 1915
#9	Age 51	52

Subscribed and sworn to before me this 8th day of June, 1967

Notary Public, residing at Boise, Idaho
My commission expires Sept. 10, 1970
(Seal)

X Signed Noreen Nadeau
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

720 Iowa St., Boise, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 8th day of June, 1967

Notary Public, residing at Boise, Idaho
My commission expires Sept. 10, 1970
(Seal)

X Signed Fred E. Walker
(Signature of Any Credible Person)

1205 Bannock, Boise, Idaho
(Street Address, City, State)

FORM DH 60-155

6-8-67

Richard D. Nadeau died May 27, 1967

Boise

From 8 Date of birth May 15, 1916 May 15, 1915

Age 51

Boise, Idaho

Boise, Idaho

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 286
Reg. Dist. No. 370

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 1 Hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 720 Iowa Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
RICHARD	D.	NADEAU	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 15, 1916	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Co-Owner	Nelson Floral Co.	Placerville, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Noel Nadeau	Hugo, Minnesota	Emma Nordmark	Minot, North Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW #2	519-09-0648	Noreen Nadeau	720 Iowa St Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/27, 1967, *to* ____, 19____, *that I last saw the deceased alive on* 5/27, 1967, *and that death occurred at* 1:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter A. Klein M.D.	435 W Bannock, Boise	5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-31-67	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	Fred E. Walker	E-485

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 6 1980

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1905
Local Reg. No. 283
Reg. Dist. No. 370

RECEIVED
JUN 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ada County Nursing Home 300

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Feb. 22, 1910
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chester, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Peterson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Doratena Nelson — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James S. Rupnigan MD 242
23b. ADDRESS: 104 N Latah Boise Idaho
23c. DATE SIGNED: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/29/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 5-31-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] — LICENSE NO.: Ed 422
FIRM NAME: McBratney-Alden-Waggoner-Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 8 1972

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1906
Local Reg. No. 284
Reg. Dist. No. 270

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1721 Division Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1721 Division Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
ELLEN	Z.	SPARKS	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced	Sept. 13, 1914	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Basalt, Colorado
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Carl Oscar Quist — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Lucile A. Rudd — BIRTHPLACE: Missouri
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 522-10-3234
17. INFORMANT'S OWN SIGNATURE: Mrs. Scott Hooker — ADDRESS: Denver, Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Epileptic Convulsion — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c) Subject to, and treatments for Convulsions — Months.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19—, *to* —, 19—, *that I last saw the deceased alive on* —, 19—, *and that death occurred at* 1:00 PM *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Jones	Coroner	3720 Meadow Drive, Boise.	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5-29-67		Grand Junction, Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-1-67	Myrtle Palmer		E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1907
Local Reg. No. 308
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 404
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Luke's Hospital - 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 600 East 44th St.

3. NAME OF DECEASED (Type or Print)
a. (First) Frances
b. (Middle) Evelyn
c. (Last) Hutchison

4. DATE OF DEATH (Month) 5 (Day) 28 (Year) 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single
8. DATE OF BIRTH 4-7-49
9. AGE (In years last birthday) 18 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) student 03
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wesley Hutchison — BIRTHPLACE Butte, Nebraska
14. MOTHER'S MAIDEN NAME Frances Evelyn Foster — BIRTHPLACE Idaho Falls, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) - - (If yes, give war or dates of service) - -
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Wesley Hutchison — ADDRESS 600 E. 44th Boise, Idaho

18. CAUSE OF DEATH 6423
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Anoxia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prolonged Convulsion
DUE TO (c) Eclampsia of Pregnancy

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-28, 1967, *to* 5-28, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 318 (Degree or title) MD
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 6/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-12-67
24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens
24d. LOCATION (City, town, or county) Boise, Ada (State) Idaho

DATE REC'D BY LOCAL REG. 6-15-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Russell A. Relyea — LICENSE NO. E-412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1908
Local Reg. No. 287
Reg. Dist. No. 370

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) Glenns Ferry

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GEORGE	HENRY	ROSEVEAR	May 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed	Nov. 15, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Businessman	Hardware	Havensville, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Rosevear	England	Mary Ann Pinch	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		T. D. Rosevear	Hammond, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1961, *to* May, 1967, *that I last saw the deceased alive on* 5-27, 1967, *and that death occurred at* 2A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. O. Young 1123	MD	425 Bannock St	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/31/67	Glenns Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Myrtle Palmer	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1909
Local Reg. No. 289
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 6 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Ada

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Texas

b. COUNTY: Tarrant

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ft. Worth

d. STREET ADDRESS (If rural, give location): 3524 Mt. Vernon St.

3. NAME OF DECEASED (Type or Print)

a. (First): Jimmie

b. (Middle): Terrell

c. (Last): EAton

4. DATE OF DEATH: May 28 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 26, 1912

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mortgage Loan

10b. KIND OF BUSINESS OR INDUSTRY: Mortgage

11. BIRTHPLACE (State or foreign country): Eden Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Franklin Eaton — BIRTHPLACE: No Record

14. MOTHER'S MAIDEN NAME: Dora Roberts — BIRTHPLACE: No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 453-18-4903

17. INFORMANT'S OWN SIGNATURE: X Mrs Jim Eaton — ADDRESS:

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Condition. — Months

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* I AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Coroner 4

23b. ADDRESS: 3720 Meadow Drive, Boise.

23c. DATE SIGNED: 6-5-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: May 28, 1967

24c. NAME OF CEMETERY OR CREMATORY:

24d. LOCATION (City, town, or county) (State): Ft. Worth Texas

DATE REC'D BY LOCAL REG.: 6-6-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: [signature]

LICENSE NO.: E-460

FIRM NAME: RELYEA MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 16 1967
JUL 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUN 7 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1910
Local Reg. No. 83
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 92 Days.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho.
b. COUNTY:
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
d. STREET ADDRESS (If rural, give location): 1900 Brennamen Street.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Maxine	M	SHRADER	5	30	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FeMale	White	Married	5-1-18	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Registered Nurse.	Same	Idaho	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Milton S Nesbitt.	Idaho	Willa Little	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	531 30 8313	John D Shrader	VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 2-27, 1967, to 5-30, 1967, that I last saw the deceased on [illegible] and that death occurred at 1:50 AM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. F. GWINDELL, M.D. 597	VA Center, Boise, Idaho	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-2-67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Myrtle Palmer	J. Richard Reed	E-440

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 10 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1911
Local Reg. No. 295
Reg. Dist. No. 370

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (If outside limits): Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5440 Hill Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KELLY	SCOTT	MENCER	May 31, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	Sept. 3, 1959	7				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student	Elementary School	Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edwin E. Mencer	Eagle, Idaho	Alice Harris	Grand Junction, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	---	Edwin E. Mencer	5440 Hill Road Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple internal injuries; — INTERVAL BETWEEN ONSET AND DEATH: Several hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Probable ruptured liver & Spleen
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Head injury; Pulmonary Contusion

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Street	Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 31, 1967 m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☑	Struck by Car

22. *I hereby certify that I attended the deceased from* May 30, 19 67, *to* May 31, 19 67, *that I last saw the deceased alive on* May 31, 19 67, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Hawley MD	850 S. Latah, Boise	2 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-3-67	Dry Creek Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Myrtle Palmer		E-483

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1912
Local Reg. No. 276
Reg. Dist. No. 370

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1806 North Beach

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 2 Years
d. STREET ADDRESS (If rural, give location): 1806 Beach

3. NAME OF DECEASED (Type or Print): a. (First) Gregorio; b. (Middle) -----; c. (Last) Ocamica

4. DATE OF DEATH: (Month) (Day) (Year): May 31, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single

8. DATE OF BIRTH: May 24, 1885

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired

10b. KIND OF BUSINESS OR INDUSTRY: Sheep Business

11. BIRTHPLACE (State or foreign country): Guizaburuaga, Vizcaya,

12. CITIZEN OF WHAT COUNTRY?: Spain

13. FATHER'S NAME: Jose M. Ocamica
BIRTHPLACE: Spain

14. MOTHER'S MAIDEN NAME: Uentura Madarieta
BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 530-20-4986-A

17. INFORMANT'S OWN SIGNATURE: Mrs Maria Arana
ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive heart failure — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 Dec, 1965, *to* 31 May, 1967, *that I last saw the deceased alive on* [illegible], *and that death occurred at* 1:40 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: 15 May 67 370 Clayton C. Morgan (Degree or title): M.D.

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 5 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson

LICENSE NO.: E-400

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1913
Local Reg. No. 288
Reg. Dist. No. 370

RECEIVED JUN 7 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN Boise
LENGTH OF STAY (in this place) 51 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 412 S. Latah St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Anna	Amelia Rosette	Olson	May 31, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed	Sept. 15, 1882	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Johnson	Sweden		Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		x Hadley Olson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis or Cerebral Embolism

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) atrial Fibrillation

DUE TO (c) Arteriosclerotic Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arteriosclerosis
Senility

INTERVAL BETWEEN ONSET AND DEATH
5 2dys.
?
?
?

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/10, 19 67, *to* 5/31, 19 67 *that I last saw the deceased alive on* 5/31, 19 67, *and that death occurred at* 1:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas Dittmer MD	Boise	6/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/5/1967	Morris Hill Cemetery	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-5-67	Myrtle Palmer	John F. Wilkerson	E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1914
Local Reg. No. 8
Reg. Dist. No. 300

RECEIVED MAY 29 1967 Bureau of Vital Statistics

BIRTH NO. 116

1. PLACE OF DEATH
a. COUNTY 022 Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tamarack
c. LENGTH OF STAY (in this place) 16 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 022
b. COUNTY Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Tamarack
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) HICKLEN
c. (Last) EDMUNSON

4. DATE OF DEATH (Month) (Day) (Year) May 15, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH September 20, '88

9. AGE (In years last birthday) 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner & Construction worker 09

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Mitchell, Oregon

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Edmunson
BIRTHPLACE Eugene, Oregon

14. MOTHER'S MAIDEN NAME Helen Hald
BIRTHPLACE The Dalles, Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. 516-12-7614

17. INFORMANT'S OWN SIGNATURE Mary N. Edmunson
ADDRESS Tamarack, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Edmunson 154 (Degree or title)

23b. ADDRESS Council, Idaho

23c. DATE SIGNED 5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 19, 1967

24c. NAME OF CEMETERY OR CREMATORY McCall Cemetery

24d. LOCATION (City, town, or county) McCall, (State) Idaho

DATE REC'D BY LOCAL REG. 5-22-67

REGISTRAR'S SIGNATURE J. E. Edmunson

25. EMBALMER Burton E. Walker

LICENSE NO. E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 6 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1915
Local Reg. No. 127
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): Rich Lane

3. NAME OF DECEASED (Type or Print)
a. (First): LILLY
b. (Middle): C.
c. (Last): TETON

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1967

5. SEX: Female
6. COLOR OR RACE: Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 1895
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Fort Hall, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Yank Cookman — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Wah Go — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: + Caroline Racehorse — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Diabetes melitus c̄ acidosis — INTERVAL BETWEEN ONSET AND DEATH: 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 30, 1967, *to* May 1, 1967, *that I last saw the deceased alive on* May 1, 1967, *and that death occurred at* 1:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard E. Ostler MD. 400 (Degree or title)
23b. ADDRESS
23c. DATE SIGNED: 5-4-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Tribal Cemetery
24d. LOCATION (City, town, or county) (State): 8 mi East of Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: MAY 12 1967
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Strant
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1916
Local Reg. No. 26
Reg. Dist. No. 510

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 MAY 16 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If not in place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 924 North Grant

3. NAME OF DECEASED (Type or Print)
a. (First): DAVID
b. (Middle): LAWRENCE
c. (Last): HUNTER

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 14, 1918
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dock Foreman 26
10b. KIND OF BUSINESS OR INDUSTRY: I.M.L., Inc.
11. BIRTHPLACE (State or foreign country): Bennington, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William H. Hunter — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Olive Burbank — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ruby Hunter — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive necrotizing pneumonia, right lung — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pleural effusion, right — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 25, 1967, *to* May 1, 1967, *that I last saw the deceased alive on* May 1, 1967, *and that death occurred at* 12:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sydney A. Horrocks, M.D. 733
23b. ADDRESS: Center Plaza Pocatello Idaho
23c. DATE SIGNED: 5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: MAY 11 1967
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 6 1967

MAY 1 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1917
Local Reg. No. 128
Reg. Dist. No. 510

RECEIVED MAY 1 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 002
b. CITY OR TOWN: Pocatello
(If outside corporate limits, write RURAL and give township)
(LENGTH OF STAY in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: DOA Bannock Mem. Hospital 006

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031 b. COUNTY: Bannock
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 15 Harvard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	IRA		CLARK	May 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	March 17, 1902	65		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Soil Conservation	Service 05	Upton, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert H. Clark		Mary E. Meadows	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Jennetta M. Clark	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Basal Skull Fracture — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Fract. Cervical Vertebra.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 031 (COUNTY) (STATE)
Accident	Highway 06	Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5-3-67 8 A.M. 05	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Truck-Car Collision

22. *I hereby certify that I attended the deceased from* — , 19 , *to* — , 19 , *that I last saw the deceased alive on* 5-3- , 1967 , *and that death occurred at* 8:05 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Burton H. Gray 583	Coroner	Bannock Co. Idaho	5-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1967	Logan City Cemetery	Logan Cache, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-8-67	Maureen Schelske, Deputy	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 23 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1918
Local Reg. No. 199
Reg. Dist. No. 510

BIRTH NO.

RECEIVED MAY 16 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY (23) Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY IN (this place) 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 530 No. Linclon (500)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY (23) Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 530 No. Lincoln

3. NAME OF DECEASED (Type or Print) a. (First) NELLIE b. (Middle) c. (Last) NEWMAN

4. DATE OF DEATH (Month) (Day) (Year) May 3, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH June 3, 1883

9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) England

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harry Backwith — BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Alice Moses — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Ray Newman — ADDRESS Pocatello, Ida.

18. CAUSE OF DEATH 4280
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ARTERIOSCLEROTIC HEART DISEASE — INTERVAL BETWEEN ONSET AND DEATH 10 YEARS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. LEFT HEMIPARESIS DUE TO OLD STROKE

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 29 JAN, 19 62, *to* 3 MAY, 19 67, *that I last saw the deceased alive on* 26 OCT, 19 66, *and that death occurred at* 8 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE W. R. Hearne (220) (Degree or title) W. R. HEARNE, MD

23b. ADDRESS POCATELLO, IDAHO

23c. DATE SIGNED 4 MAY 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-6-67

24c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem.

24d. LOCATION (City, town, or county) (State) Pocatello, Idaho

DATE REC'D BY LOCAL REG. 5-8-67

REGISTRAR'S SIGNATURE Maureen Schelske, Deputy

25. EMBALMER John P. Downard

LICENSE NO. E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1919
Local Reg. No. 130
Reg. Dist. No. 510

RECEIVED
MAY 1 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 (001)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
STATISTICAL USE ONLY — LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Bannock Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock (001)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1103 East Poplar

3. NAME OF DECEASED (Type or Print): a. (First) ARVEL b. (Middle) J. c. (Last) LOWE

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 7, 1917

9. AGE (In years last birthday): 49
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sylvester Lowe
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lucy Campbell
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Arvel Lowe
ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* ~, 19__, *to* ~, 19__, *that I last saw the deceased alive on* 5-4-, 1967, *and that death occurred at* 4:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Burton D. Ely (583) (Degree or title): Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 5-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E476
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death or request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 1920
Local Reg. No. 137
Reg. Dist. No. 510

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 03 Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 03 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Route 1 South

3. NAME OF DECEASED (Type or Print): a. (First) TROY; b. (Middle); c. (Last) SLUDER

4. DATE OF DEATH: (Month) May (Day) 5 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 13, 1889

9. AGE (In years last birthday): 77
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Self-employed

11. BIRTHPLACE (State or foreign country): Leicaster, NorthCarolina

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: John Sluder
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Linda Black
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 519-16-4296

17. INFORMANT'S OWN SIGNATURE: Esther Sluder Tolbert
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

3318

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 4 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c): Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 10, 1962, *to* May 5, 19 67, *that I last saw the deceased alive on* May 5, 19 67, *and that death occurred at* 4:45 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jay D. Merkley 354 (Degree or title) MD

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-12-67

REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy

25. EMBALMER: Jack Henderson

LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

ESTLER

Certificate of Death

STATE OF IDAHO

State File No. 1921
Local Reg. No. 132
Reg. Dist. No. 510

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 021
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 816 West Wyeth

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GRANT	L.	RICKS	May 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 4	July 11, 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Welder	Welding	Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Ricks		Sarah Ellen Harris	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Ted L. Nicholes	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease (years)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe Emphysema
Bilateral Pulmonary Emphysema

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-15, 1965, *to* May 6, 1967, *that I last saw the deceased alive on* May 5, 1967, *and that death occurred at* 5:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Richard E. Estler M.D.		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 8, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
MAY 12 1967	Maureen Schelske Deputy	Conway Grant	E478

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1922
Local Reg. No. 133
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF [illegible] place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home 224

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 031 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 525 East Carter

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): ALBERT
c. (Last): ANDERSON

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 17, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cornish, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Rasmus Anderson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Annie Sophia Neilsen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Keith B Anderson — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrolyte emballance — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia — Several months
DUE TO (c): Benign Prostatic hyperbyp — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Parkinsons disease — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4 May, 1967, *to* 8 May, 1967 *that I last saw the deceased alive on* 6 May, 1967 *and that death occurred at* 8:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Clark Parker M.D. 406 (Degree or title) 1
23b. ADDRESS: 343 W. Lewis Pocatello Ida
23c. DATE SIGNED: 9 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 7
24b. DATE: May 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Draper Cemetery
24d. LOCATION (City, town, or county) (State): Draper, Utah

DATE REC'D BY LOCAL REG.: MAY 1 1 1967
REGISTRAR'S SIGNATURE: Maureen Schelske, Deputy
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAY 23 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1923
Local Reg. No. 135
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock (031)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): DOA (000)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital (200)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Idaho
b. COUNTY: Bannock (030)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BILLY	A.	CASTER	May 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
White	Male	Never married	April 9, 1967			28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant (02)	XXXX	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Billy Caster	Twin Falls, Ida.	Vickie Allen	Pocatello, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX	XXXX	Vickie Allen	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Aspiration	3 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Unknown	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 7 May, 1967, *to* 7 May, 1967, *that I last saw the deceased alive on* 7 May, 1967, *and that death occurred at* 12:47 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald B. Roberts (737)	M.D.	527 So. 12th Ave Pocatello	12 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11, 1967	Inkom City Cemetery	Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
MAY 23 1967	Lucy Kellogg	Conway Hart	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1924
Local Reg. No. 137
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If outside place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Mercy Hospp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 031 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 654 W. Greeley

3. NAME OF DECEASED (Type or Print)
a. (First): ADELENE
b. (Middle): SOPHIA
c. (Last): TALCOTT

4. DATE OF DEATH (Month) (Day) (Year): May 8 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 5, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Laramie, Wyoming
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Johnson — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Anna L. Swanson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs L. Cullen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease with myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diverticulitis of Colon — 6 WKs

19a. DATE OF OPERATION: April 67
19b. MAJOR FINDINGS OF OPERATION: Diverticulitis of Colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 5-8-, 1967, *that I last saw the deceased alive on* 5-8-, 1967, *and that death occurred at* 9:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: David C. Miller, MD 362 (Degree or title)
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 8 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Kemmerer
24d. LOCATION (City, town, or county) (State): Kemmerer Wyoming

DATE REC'D BY LOCAL REG.: 5-15-67
REGISTRAR'S SIGNATURE: Sally Sellogg
25. EMBALMER: George W. Knoff
LICENSE NO.: 409

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 29 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1925
Local Reg. No. 138
Reg. Dist. No. 510

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
Statistical Code: 34
c. HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 405 Packard

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DEWEY	MYRUP	METCALF	May 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 4, 1899	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Nat National Laundry	Company	Gunnison, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyrus William Metcalf		Mary Ann Eleanora	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs Dewey Metcalf	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	(a) Myocardial infarction	Sudden
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	DUE TO (b) Precedent myocardial infarction	3 weeks
	DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* May 8, 1967, *to* May 8, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D.	P.O. Box 852, Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE RECEIVED BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
MAY 16 1967	Sally Keeley	Conway Sharp	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1926
Local Reg. No. 139
Reg. Dist. No. 516

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 951 East Lewis

3. NAME OF DECEASED (Type or Print)
a. (First): LORENZO
b. (Middle): HAWKINS
c. (Last): BAILEY

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 12, 1879
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Wellsville, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles R. Bailey
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Susannah Hawkins
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Leland F. Bailey
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: about 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 20, 1965, *to* May 8, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* 9:50 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. S. Call, M.D. (Degree or title)
23b. ADDRESS: P. O. Box 852, Pocatello, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: MAY 26 1967
REGISTRAR'S SIGNATURE: Kelly Kellogg
EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form PH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1927
Local Reg. No. 136
Reg. Dist. No. 510

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 03 Bannock
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 03 Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 627 E. Halliday

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ENOS	T.	LILLIBRIDGE	May, 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Married 3	July 26, 1896	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Insurance Agent 24	Insurance	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Lillibridge	Maryland	Agnes Kelly	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I 163X	518-12-7072	Gladys Lillibridge	Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Lt. Lung with Metastases — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — Yes

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Lt. Pneumonectomy Feb - 1967	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1963, 19__, *to* 5-8-, 1967, *that I last saw the deceased alive on* 5-8-, 19 67, *and that death occurred at* 10:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller M.D.	Pocatello, Idaho	5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-11-67	Mount Moriah Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-15-67	Lucy Kellogg	George W Knoff	E-409

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1928
Local Reg. No. 142
Reg. Dist. No. 571

RECEIVED JUN 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 23 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kasiska Building 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 23
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Mink Creek Road

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	A.	DUDLEY	May 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Feb. 23, 1935	32				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truckdriver 27	Garrett F. Lines	Seattle, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Dudley		Lyda Marin Edwards	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Mrs. E. A. Dudley	Pocatello

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Advanced coronary arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 15, 1965, *to* May 11, 1967, *that I last saw the deceased alive on* May 11, 1967, *and that death occurred at* 1:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D.	Box 852, Pocatello, Idaho	May 19, 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 16, 1967	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
MAY 22 1967	Lucy Keeney	Conway Grant	E-[illegible]

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1929
Local Reg. No. 150
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Valley View Rest Home 021

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming 51 555
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural - Kemmerer
d. STREET ADDRESS (If rural, give location) Bar Triangle Ranch

3. NAME OF DECEASED (Type or Print)
a. (First) LEE
b. (Middle) HALL
c. (Last) EUBANK

4. DATE OF DEATH (Month) (Day) (Year) May, 11, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 11, 1876
9. AGE (In years last birthday) 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Propietor 17
10b. KIND OF BUSINESS OR INDUSTRY Millwork Mfg.
11. BIRTHPLACE (State or foreign country) Kentucky
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jesse Eubank — BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Ruth Hall — BIRTHPLACE Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 550-10-6896
17. INFORMANT'S OWN SIGNATURE George D. Eubank — ADDRESS Inglewood, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965 *to* May 11, 1967, *that I last saw the deceased alive on* 1-20, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Eric G. Burkelhuys 070 (Degree or title)
23b. ADDRESS Downey Id
23c. DATE SIGNED 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 5-12-67
24c. NAME OF CEMETERY OR CREMATORY Inglewood Park Cem.
24d. LOCATION (City, town, or county) (State) Inglewood, Calif.

DATE REC'D BY LOCAL REG. 6-2-67
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER John P. Gorman
LICENSE NO. E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1930
Local Reg. No. 740
Reg. Dist. No. 511

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 No. Box 39 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Pocatello
d. STREET ADDRESS (If rural, give location): Rt. 2 No. Box 39

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): BREEZE
c. (Last): HILDRETH

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 7, 1899
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Hildreth — BIRTHPLACE: Oregon
14. MOTHER'S MAIDEN NAME: Catherine Breeze — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 3 World War I
16. SOCIAL SECURITY NO.: 518-12-7940
17. INFORMANT'S OWN SIGNATURE: Daisy Hildreth — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

526X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchiectasis, bilateral — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Coronary Occlusion.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased alive on* 5-14, 1967, *and that death occurred at* 3:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 — (Degree or title): Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 5-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-18-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gannon — LICENSE NO. E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1931
Local Reg. No. 141
Reg. Dist. No. 510

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Anthony Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 262 Roosevelt

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): TROY
c. (Last): ATWOOD

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 22, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George D. Atwood — BIRTHPLACE: No. Carolina
14. MOTHER'S MAIDEN NAME: Rachel Greenwell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Eva Atwood — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from — , 19__, to — , 19__, that I ~~last~~ saw the deceased ~~dealing~~ on 5-15-, 1967, and that death occurred at 6:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton Johns 583 (Degree or title): Coroner
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 5-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-18-67
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Kelly Kellogg
25. EMBALMER: John P. Gomez
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Call

RECEIVED JUN 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1932
Local Reg. No. 145
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN: Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 031
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roland
b. (Middle): J.
c. (Last): Davies Jr.

4. DATE OF DEATH: May 16, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: Aug. 19, 1923

9. AGE (In years last birthday): 43
If under 1 year: Months 8, Days 27
If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Gooding, Idaho

12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Roland Davies
BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Vella Bolxham
BIRTHPLACE: Ucon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Ye
(If yes, give war or dates of service): War 2

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Alton Bloxham
ADDRESS:

18. CAUSE OF DEATH 4344
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac decompensation
INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Obesity
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-16-67, 19____, *to* 5-17-67, 19____, *that I last saw the deceased alive on* 5-17-67, 19____, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: M Call (Degree or title): M D
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 5/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Burial
24b. DATE: May 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ucon Cemetery
24d. LOCATION (City, town, or county) (State): Ucon, Idaho

DATE REC'D BY LOCAL REG.:
REGISTRAR'S SIGNATURE: Mary Kellogg
25. EMBALMER: Leo A Williams
LICENSE NO.: E-319
FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1933
Local Reg. No. 169
Reg. Dist. No. 5-10

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 000
b. CITY OR TOWN (If outside corporate limits, write township): Pocatello
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 709 South Fourth Avenue

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) GLENN c. (Last) PARTNER

4. DATE OF DEATH: (Month) May (Day) 17 (Year) 1967

5. SEX: Male.

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: November 4, 1888

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Insurance Agent 24

10b. KIND OF BUSINESS OR INDUSTRY: Life Insurance

11. BIRTHPLACE (State or foreign country): Mercer County Ohio

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Ellsworth Partner
BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Addie Maria Winger
BIRTHPLACE: Mendon, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****

16. SOCIAL SECURITY NO.: 518-36-4156A

17. INFORMANT'S OWN SIGNATURE: Mrs. L. G. Partner
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of Sigmoid Colon — INTERVAL BETWEEN ONSET AND DEATH: 11 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1956

19b. MAJOR FINDINGS OF OPERATION: Cancer

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965 *19____, to* May 17 *, 1967, that I last saw the deceased alive on* May 17 *, 1967, and that death occurred at* 1:25 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M D

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: May 19, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery

24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 6-8-67

REGISTRAR'S SIGNATURE: Lacy Kellogg

25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1934
Local Reg. No. 145
Reg. Dist. No. 510

RECEIVED JUN 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 (000)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
DURATION OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 116 North 9th Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): LAURA
b. (Middle): LAVINE
c. (Last): PICKETT

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 20, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Hooper, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Haynes — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Mary Garner — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Kim D. Jaeger — ADDRESS: 347 So. GRANT

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pneumonia — 2 Days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY: YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 10-11, 1966, *to* 5-19, 1967, *that I last saw the deceased alive on* 5-19, 1967, *and that death occurred at* 4:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sydney L. Horrocks MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 22, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Ida.

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E476
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

call

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1935
Local Reg. No. 144
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 JUN 1 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (If outside place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: 555 Salt Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murray
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): GUSTAVE
b. (Middle):
c. (Last): BOLLSCHWEILER

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Mar. 25, 1878
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Express messenger 10
10b. KIND OF BUSINESS OR INDUSTRY: R.E.A.
11. BIRTHPLACE (State or foreign country): Biele, Switzerland
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Fredrick J. Bollschweiler, Germany
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Emilie Maurer, Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Claude Bollschweiler, Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Chronic
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1967, *to* May 19, 1967, *that I last saw the deceased alive on* May 18, 1967, *and that death occurred at* 12:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. S. Call, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Salt Lake Cemetery
24d. LOCATION (City, town, or county) (State): Salt Lake City, Utah

DATE REC'D BY LOCAL REG.: JUN 22 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E 478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

DUTIES:

JUN 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1936
Local Reg. No. 142
Reg. Dist. No. 510

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 23 Bannock
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Anthony Community Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 03 Bannock
c. CITY OR TOWN Pocatello
d. STREET ADDRESS (If rural, give location) 139 Fairbanks

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	E.	HASKINS	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 10, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 70	Railroad	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edmund J. Haskins	Illinois	Mary Dailey	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	712-09-9075	Caroline Haskins	Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 332X cerebral thrombosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cerebral Vascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 8 days — yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1958, 19__, *to* 5-22, 1967, *that I last saw the deceased alive on* 5-21, 1967, *and that death occurred at* 2 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David E. Miller, M.D.	Pocatello Idaho	5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-24-67	Mountainview Cem.	Pocatello, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-29-67	Sally Kelley	John P. Gorman	E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1937
Local Reg. No. 151
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 031 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Glen Alan Ruud

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Dec. 8, 1895
9. AGE (In years last birthday) 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher-retired 04
10b. KIND OF BUSINESS OR INDUSTRY Cattle Raising
11. BIRTHPLACE (State or foreign country) Lago, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Andrew Ruud — BIRTHPLACE Norway
14. MOTHER'S MAIDEN NAME Olive Olsen — BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W.I 3
16. SOCIAL SECURITY NO. 518-42-7970
17. INFORMANT'S OWN SIGNATURE Boyd A. Ruud — ADDRESS Grace, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive anterior antral septal myocardial infarction.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic heart disease.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 5 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 1967, *to* May 22, 1967, *that I last saw the deceased alive on* May 22, 1967, *and that death occurred at* 11:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 077 (Degree or title) L. S. Call, M.D.
23b. ADDRESS Box 852, Pocatello, Idaho
23c. DATE SIGNED June 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/26/67
24c. NAME OF CEMETERY OR CREMATORY Lago Cemetery
24d. LOCATION (City, town, or county) (State) Lago, Caribou, Idaho

DATE REC'D BY LOCAL REG. 6-6-67
REGISTRAR'S SIGNATURE Sally Kellogg
25. EMBALMER Theodore S. Allen
LICENSE NO. E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1938
Local Reg. No. 146
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 255 Highway Avenue 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chubbuck (Pocatello)
d. STREET ADDRESS (If rural, give location): 255 Highway Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): BERT
b. (Middle): T.
c. (Last): FRASURE

4. DATE OF DEATH (Month) (Day) (Year): May 22 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 8, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10
10b. KIND OF BUSINESS OR INDUSTRY: Union Pacific R.R.
11. BIRTHPLACE (State or foreign country): Craynor Kentucky
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Evan S. Frasure — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Frances Brown — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 518-10-0707A
17. INFORMANT'S OWN SIGNATURE: (s) Mrs. Mindy Frasure — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify* ~~[illegible]~~ *and that death occurred at* about 5 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Burton L. Johnson 583 (Degree or title) 4
23b. ADDRESS: Bannock County Coroner Pocatello, Idaho
23c. DATE SIGNED: May 25, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Gardens
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 5-29-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1939
Local Reg. No. 148
Reg. Dist. No. 511

Certificate of Death

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): INTERSTATE 15 1/2 MILE NORTH OF CENTER ST. INTERCHANGE, 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 010
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lynn
b. (Middle): J.
c. (Last): Mabe

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Apr. 29, 1935
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months 0, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): heavy equip. operator
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Virgil Elmore Mabe — BIRTHPLACE: Furches, N. Carolina
14. MOTHER'S MAIDEN NAME: Jennie L. Craner — BIRTHPLACE: St. Anthony, Ida

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): Korea
16. SOCIAL SECURITY NO.: 519-34-3744
17. INFORMANT'S OWN SIGNATURE: X Dale E. Mabe — ADDRESS: Emmett, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8250

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Basal Fracture skull — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Crushed chest - Internal injuries, multiple

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) ~~SUICIDE~~ ~~HOMICIDE~~: Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Interstate 15 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello, Bannock 031, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-23-67 6:09 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: TRAIER + Truck out of Control

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I ~~last~~ saw the deceased* ~~alive~~ *Dead on* 5-23, 1967, *and that death occurred at* 6:09 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton H. John 583 Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 25, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Lolly Kellogg
25. EMBALMER: John P. Gorman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: DOWNARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 29 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1940
Local Reg. No. 149
Reg. Dist. No. 5-10

BIRTH NO.

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 03 Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 370 Moreland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) EUGENE
c. (Last) FITZEN

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH July 14, 1926

9. AGE (In years last birthday) 40
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Manager 26

10b. KIND OF BUSINESS OR INDUSTRY Tavern

11. BIRTHPLACE (State or foreign country) Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Joseph P. Fitzen
BIRTHPLACE Austria

14. MOTHER'S MAIDEN NAME Mary Luella Moss
BIRTHPLACE McCammon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) W. W. II - Korean

16. SOCIAL SECURITY NO. 518-20-3621

17. INFORMANT'S OWN SIGNATURE Mrs. William Fitzen
ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9020

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Neck fracture — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatoid arthritis; old fusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-22-67

19b. MAJOR FINDINGS OF OPERATION Fracture at site of old fusion in cervical spine.

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) At Home

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) May (Day) 14 (Year) 1967 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]

21f. HOW DID INJURY OCCUR? Patient fell from hoist at home.

22. *I hereby certify that I attended the deceased from* 5-14-67, 19__, *to* May 24, 1967, *that I last saw the deceased alive on* May 24, 1967, *and that death occurred at* 5:50a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Edward R. Shaw, M.D. 467

23b. ADDRESS Pocatello, Idaho

23c. DATE SIGNED May 27, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 27, 1967

24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery

24d. LOCATION (City, town, or county) Pocatello, (State) Idaho

DATE REC'D BY LOCAL REG. 6-1-67

REGISTRAR'S SIGNATURE Lilly Kellogg

25. EMBALMER Jack Henderson

LICENSE NO. E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAR 8 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1941
Local Reg. No. 153
Reg. Dist. No. 510

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN: Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Hospital 09

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock 031
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): East Chubbuck Road

3. NAME OF DECEASED (Type or Print)
a. (First): CASPER
b. (Middle): PAUL "CAP"
c. (Last): HILLMAN

4. DATE OF DEATH: May 24, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 5, 1915
9. AGE (In years last birthday): 51
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Automobile
11. BIRTHPLACE (State or foreign country): Swan Lake, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ira King Hillman
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Ruby Faye Cutler
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): xxxx
16. SOCIAL SECURITY NO.: 518 18 5128
17. INFORMANT'S OWN SIGNATURE: Patricia Lou Kirkendall
ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease, Myocardiac infarction, Starr aortic valve — INTERVAL BETWEEN ONSET AND DEATH: a few years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 11-12, 1963, *to* 5-24-, 1967, *that I last saw the deceased alive on* 5-24-67, 19___, *and that death occurred at* 12:00p m., *from the causes and on the date stated above.*

23a. SIGNATURE AND (Degree or title): L. S. Call, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUN 8 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 7 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1942
Local Reg. No. 170
Reg. Dist. No. 5-11

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030 b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey Idaho
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Downey Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 030 b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lava Hot Springs
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Joseph b. (Middle) Burton c. (Last) Payne

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced
8. DATE OF BIRTH Aug 30, 1879
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bloomington Ida
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Samuel Payne BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Lydia Kelsey BIRTHPLACE Penn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-14-0034
17. INFORMANT'S OWN SIGNATURE Wilton L. Payne ADDRESS Bancroft Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident (3 to 20 Yrs)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-21, 1967, to 5-25, 1967, that I last saw the deceased alive on 5-25, 1967 and that death occurred at 2:05 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 030
23b. ADDRESS Downey Idaho
23c. DATE SIGNED 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 30, 1967
24c. NAME OF CEMETERY OR CREMATORY Bloomington Cemetery
24d. LOCATION (City, town, or county) (State) Bloomington Idaho

DATE REC'D BY LOCAL REG. June 1, 1967
REGISTRAR'S SIGNATURE Orissa Salvesen
25. EMBALMER Nile Matthews LICENSE NO. E357
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 1943
Local Reg. No. 154
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Bannock 030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Inkom
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MAY	CLEOVA	ELLIS	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 8, 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Salem, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lionel Anderson	Utah	Hilda Hokanson	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXX		Leona Ellis	Inkom, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Uremic poisoning	Sev. months
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive & arteriosclerotic renal vascular disease	Not known
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 18, 1967, *to* May 26, 1967, *that I last saw the deceased alive on* May 26, 1967, *and that death occurred at* 2:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Comstock, M.D.	Box 852, Pocatello, Idaho	June 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 8 1967	Sally Kellogg	Conway Grant	E 478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 23 1998

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1944
Local Reg. No. 155
Reg. Dist. No. 510

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 411 North Arthur

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESS	R.	HYMAS	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	May 28, 1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Barber and store-school supply ct.		Sharron, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel E. Hymas	Idaho	Fannie McMurray	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Harold V. Hymas	4903 Atwood, Murray, Utah

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with anginal syndrome & advanced emphysema — INTERVAL BETWEEN ONSET AND DEATH: Sev. Yrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED *WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March 14 *19*66, *to* May 27, *19*67, *that I last saw the deceased alive on* May 27, *19*67, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. S. Call, M.D.	Box 852, Pocatello, Idaho	June 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1967	Restlawn Mem. Gardens	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 8 1967	Jerry Kellogg	Conway Grant	E 478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1945
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake 040 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dingle
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040
b. COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dingle, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Permelia c. (Last) Smedley

4. DATE OF DEATH (Month) (Day) (Year) May 3 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 1, 1894
9. AGE (In years last birthday) 72 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dingle Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Nate BIRTHPLACE Paris, Idaho
14. MOTHER'S MAIDEN NAME Ettie Dayton BIRTHPLACE Cedar Fort Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Donald Smedley ADDRESS Montpelier, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Essential Hypertension — 4 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Melitis — over 6 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* 19 April, 1967, *that I last saw the deceased alive on* 19 April, 1967, *and that death occurred at* 9:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE E. F. Landers 300 (Degree or title) MD
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 7 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Dingle Cemetery
24d. LOCATION (City, town, or county) Dingle (State) Idaho

DATE REC'D BY LOCAL REG. 5/10/67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: Nile Matthews Mortuary

Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1946
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake MAY 12 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Montpelier Ida
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Virday Motel

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington b. COUNTY Whatcom
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bellingham Washington
d. STREET ADDRESS (If rural, give location) 2114 H. Street

3. NAME OF DECEASED (Type or Print) a. (First) Tracy b. (Middle) Lynn c. (Last) English

4. DATE OF DEATH (Month) (Day) (Year) May 5, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH June 22, 1966
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 10 Days 13 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bellingham, Washington U.S.A.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Mark English BIRTHPLACE Chicago, Ill.
14. MOTHER'S MAIDEN NAME Loretta Blackstone BIRTHPLACE Sunnyside Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mark English ADDRESS Bellingham Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia Due to Suffocation — INTERVAL BETWEEN ONSET AND DEATH Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE XX (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Motel
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 9:40 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Wrapped itself in sheets

22. *I hereby certify that I attended the deceased from* 5-5, 1967 *to* 5-5, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 9:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Paul B. Daines (Degree or title) M.D.
23b. ADDRESS Montpelier, Idaho
23c. DATE SIGNED 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Greenacres Cemetery
24d. LOCATION (City, town, or county) Bellingham (State) Washington

DATE REC'D BY LOCAL REG. 5-5-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinski
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1947
Local Reg. No.
Reg. Dist. No. 552

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bear Lake
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Ida
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wyoming
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cokeville Wyoming
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) Mae c. (Last) Mau

4. DATE OF DEATH (Month) (Day) (Year) May 18, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May 31, 1908
9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Denver Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Carl R. Zeger — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Elizabeth Summergill — BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 510-52-8026
17. INFORMANT'S OWN SIGNATURE Herman Mau — ADDRESS Cokeville Wyo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adenocarcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH 7 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 8-11-66 8-25-66 3-7-67
19b. MAJOR FINDINGS OF OPERATION Adenocarcinoma Colon with metastases
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 11, 1966, *to* May 18, 1967, *that I last saw the deceased alive on* May 18, 1967, *and that death occurred at* 7:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE Reed Rich M.D. (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 22, 1967
24c. NAME OF CEMETERY OR CREMATORY Cokeville Cemetery
24d. LOCATION (City, town, or county) (State) Cokeville Wyoming

DATE REC'D BY LOCAL REG. 5-26-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews Montpelier Ida
LICENSE NO.
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 1 1967 APR 9 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1948
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 040 Bear Lake
b. CITY OR TOWN Bennington
Length of stay (in this place) 79 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 040 Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bennington, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Wilson b. (Middle) c. (Last) Weaver

4. DATE OF DEATH (Month) (Day) (Year) May 23 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Oct. 15, 1887

9. AGE (In years last birthday) 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY 04

11. BIRTHPLACE (State or foreign country) Bennington Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter W. Weaver — BIRTHPLACE Provo, Utah

14. MOTHER'S MAIDEN NAME Mary Jane Davis — BIRTHPLACE Provo Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No

16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 518-42-9993

17. INFORMANT'S OWN SIGNATURE Mrs. Wilson Weaver — ADDRESS Bennington Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Suicide — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) 2

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm 32

21c. (CITY, TOWN, OR TOWNSHIP) 040 **(COUNTY)** Bennington Bear Lake **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Hung himself with a rope by the Neck

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE Nile Matthews 573 (Degree or title) Coroner 4

23b. ADDRESS Montpelier Idaho

23c. DATE SIGNED 5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 26 1967

24c. NAME OF CEMETERY OR CREMATORY Bennington Cemetery

24d. LOCATION (City, town, or county) Bennington (State) Ida.

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE Mrs. Ruby Gortcinsky

25. EMBALMER Nile Matthews — LICENSE NO. E359

FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1949
Local Reg. No. 19
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries 201
c. LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 050
b. COUNTY: Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): L.
c. (Last): Larson

4. DATE OF DEATH (Month) (Day) (Year): May 9 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 8, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: No Information
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: No Information

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Grant L. Walker, Latah, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Cardiac decompensation — 6 mos.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr 15, 1967, *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. A. Rapp M.D. 428
23b. ADDRESS: St. Maries, Ida
23c. DATE SIGNED: May 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Woodlawn Cemetery
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 5-24-67
REGISTRAR'S SIGNATURE: Wanda Dimico
25. EMBALMER: Gerald E. Browning
LICENSE NO.: E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 10 1978

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 12 1979

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1950
Local Reg. No. 21
Reg. Dist. No. 130

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Benewah 050 52-9
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Maries
LENGTH OF STAY (in this place): few min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 2800 Govtway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	William	M	Turnbeaugh	5	25	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 5	6-2-1926	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	Trailer Sale	Arizona	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Turnbeaugh	Unkown	Beatrice Griffith	Unkown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	W.W. II	530 10 4644	Mrs. Elizabeth Turnbeaugh	CdA. Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Infarction 4201 — INTERVAL BETWEEN ONSET AND DEATH: 2-3 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-25, 1967, *to* 5-25, 1967, *that I last saw the deceased alive on* 5-25, 1967, *and that death occurred at* 5:56 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Bruce E Rabuck 402	MD	St Maries, Idaho	6-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-67	Restlawn	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-12-67		Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DUTIES:

JUN 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 2 0 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 2 7 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 2 8 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

JUL 3 1 1967

(a) Knowingly supply false information to any one connected with completing a death certificate.

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

AUG 3 1 1970

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1951
Local Reg. No. 55
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAY 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bingham (057)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 4mo 5days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South (034)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (44)
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): 1054 West 5th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ALVIN	J.	WALTERS	May	7	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	WHite	Married 3	Sept. 9, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired (24)
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Walters — BIRTHPLACE: Arkansas
14. MOTHER'S MAIDEN NAME: Ada Taylor — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 07 7006
17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Massive Bronchopneumonia
DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalize arterio sclerosis C.B.S. assoc. & arterio sclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* 3 Jan 67, *19* 67, *to* 7 May, *19* 67 *that I last saw the deceased alive on* 7 May, *19* 67, *and that death occurred at* 4:08 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Mary Lou Smith, M.D. (594) (Degree or title)	Stat Hospital South, Blackfoot	9 May '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 8, 1967		Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 15, 1967	Jack D. Gilke	C. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-65021

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1952
Local Reg. No. 56
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. County 061 Bingham 309
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot - Rural
c. LENGTH OF STAY (in this place) 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE California 05 b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Diego
d. STREET ADDRESS (If rural, give location) 4878 Naples Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Karen	Malinda	Bischoff	May 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	never married	June 21, 1965	1	10	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Diego, California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Madelle Egbert Bischoff — BIRTHPLACE: Grace, Idaho
14. MOTHER'S MAIDEN NAME: Patricia Mayne — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE: Madelle E. Bischoff — ADDRESS: San Diego, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3441

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emboli to lungs, multiple with Pulmonary Infarction, bilateral — INTERVAL BETWEEN ONSET AND DEATH: recent

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombus, Mural Rt ventricle of heart @ apex
DUE TO (c) Torkelson tube to heart from brain

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hydrocephalus of Brain. — more than one year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:15 P. m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel K. McDaffey 342	M.D.	2525 So Boulevard [illegible] Idaho Falls, Idaho	5/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-17-67	Grace Cemetery	Grace Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 16, 1967	Jack A. Gelke DH	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (~~probably accidental~~) suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 26 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1953
Local Reg. No. 59
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 237 Dewey St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham 061
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 237 Dewey St.

3. NAME OF DECEASED (Type or Print): a. (First) CHESTER b. (Middle) OLA c. (Last) TRANSTRUM

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: November 11, 1890

9. AGE (In years last birthday): 76
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian

10b. KIND OF BUSINESS OR INDUSTRY: Maintenance

11. BIRTHPLACE (State or foreign country): St. Charles, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ola Transtrum Jr.
BIRTHPLACE: Hyrum, Utah

14. MOTHER'S MAIDEN NAME: Emily C. Sorenson
BIRTHPLACE: St. Charles, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-09-5601

17. INFORMANT'S OWN SIGNATURE: Agnes F. Transtrum
ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion, probable — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes mellitus — years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* May 17, 1967, *that I last saw the deceased alive on* May 17, 1967, *and that death occurred at* about 4 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: M. D. Miller Jr. (Degree or title): M.D.

23b. ADDRESS: Blackfoot, Idaho

23c. DATE SIGNED: May 19, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 19, 1967

24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery

24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: May 23, 1967

REGISTRAR'S SIGNATURE: Jack A. Jelke DR

25. EMBALMER: L. Dean Hill

LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1954
Local Reg. No. 58
Reg. Dist. No. 600

BIRTH NO.

RECEIVED MAY 26 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bingham
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 25 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 335 Horrocks Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HUGH	ARNOLD	ADAMS	May 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married	April 19, 1908	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman	Fire extinguisher	East Garland, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Adams	Fountain Green, Utah	Virginia Brann	North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes World War II	528-18-9357	Mrs. Hugh Adams	Blackfoot, Idaho

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 3 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 13, 19 67, *to* May 17, 19 67, *that I last saw the deceased alive on* May 17, 1967, *and that death occurred at* 7 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralph W. Coates M.D.	Blackfoot, Idaho	May 19, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 20, 1967	Grove City Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 23, 1967	Jack B. Jelke DR	L. Dean [illegible]	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 10 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 1955
Local Reg. No. 62
Reg. Dist. No. 600

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham
b. CITY OR TOWN: Blackfoot
c. LENGTH OF STAY (in this place): 1yr 9mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION: State Hospital South

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN: Idaho Falls
d. STREET ADDRESS (If rural, give location): 274 - 2nd Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	BESSIE	R.	BURKHART	May 17 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	June 17 1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife		Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Seedall		Mary Ritchie	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Mary Payne	Med. Records-State Hospital South

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pulmonary embolism	few hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Thrombophlebitis of right leg	1 week
DUE TO (c)	Electrolyte imbalance	3 weeks
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	1-Urinary tract infection (pyelonephritis, chronic with acute exacerbation) 2- generalized arteriosclerosis-yrs.	years

463X

19a. DATE OF OPERATION	20. AUTOPSY?
~~XXXX

DUTIES:

APR 17 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 23, 1967

Certificate of Death

STATE OF IDAHO

State File No. 1956
Local Reg. No. 23
Reg. Dist. No. 500-602

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bingham 060

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, 4 mi. No.

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural (Home) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 060

b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen (Rural)

d. STREET ADDRESS (If rural, give location): 4 miles No. Aberdeen

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Edward	Lawrence	Ingmire	May	19,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 1, 1918	49	1	18		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY: Farm & Cheese Factory

11. BIRTHPLACE (State or foreign country): Eckley, Colorado

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Minnie Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): World War 2 4

16. SOCIAL SECURITY NO.: 557-28-9813

17. INFORMANT'S OWN SIGNATURE: Barbara Ingmire — ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH 9160

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Smoke Inhalation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Fire at his home

DUE TO (c): fighting the fire

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 01

21c. (CITY, TOWN, OR TOWNSHIP) 060 (COUNTY) Aberdeen Bingham (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* I did not see victim alive, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley 583	Coroner 4	321 E. Walker, Blackfoot	5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-22-67	Clifty Cemetery	Huntsville, Arkansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-26-67	Colleen Hadfield	Bud Kelly	E-467

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED
JUN 22 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend an Original Certificate of Birth or Death

State of Idaho
County of Power } ss.

Certificate No.

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for Edward L. Ingmire (Name on Original Certificate) who died (Was Born or Died) on May 19, 1967 (Date of Event) in Aberdeen, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Birthplace	Huntley, Nebraska	Eckley, Colorado

Subscribed and sworn to before me this 21st day of June, 19 67

Notary Public, residing at American Falls, Idaho

My commission expires August 1, 1970

(Seal)

Signed [signature]
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

American Falls, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Power } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21st day of June, 19 67

Notary Public, residing at American Falls, Idaho

My commission expires August 1, 1970

(Seal)

Signed Gary I Fuell
(Signature of Any Credible Person)

American Falls, Idaho
(Street Address, City, State)

FORM BH 60-155

ARTHUR L. LINSCHEID
NOTARY
PUBLIC
STATE OF IDAHO

ARTHUR L. LINSCHEID
NOTARY
PUBLIC
STATE OF IDAHO

State File No. 1956
Local Reg. No. 23
Reg. Dist. No. 500-602

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 31 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen, 4 mi. No.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural (Home)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen (Rural)
d. STREET ADDRESS (If rural, give location): 4 miles No. Aberdeen

3. NAME OF DECEASED (Type or Print)
a. (First): EDWARD
b. (Middle): LAWRENCE
c. (Last): INGMIRE

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: April 1, 1918
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months 1, Days 18 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farm Cheese Factory
11. BIRTHPLACE (State or foreign country): Huntley, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Minnie Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): World War 2
16. SOCIAL SECURITY NO.: 557-28-9813
17. INFORMANT'S OWN SIGNATURE: Barbara Ingmire — ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Smoke inhalation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fire at his home
DUE TO (c) fighting the fire

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Aberdeen Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* victim alive *19___, to _____, 19___, that I last saw the deceased alive on* I did not see *19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl Staley Coroner
23b. ADDRESS: 321 E. Walker Blackfoot
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-22-67
24c. NAME OF CEMETERY OR CREMATORY: Clifty Cemetery
24d. LOCATION (City, town, or county) (State): Huntsville, Arkansas

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Colleen Hadfield
25. EMBALMER: Bud Kelly — Bud Kelly — LICENSE NO. E-467

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive; in case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1957
Local Reg. No. 37
Reg. Dist. No. 601

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 124
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
c. LENGTH OF STAY (in this place): 24 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle):
c. (Last): MARICAK

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: November 6, 1913
9. AGE (In years last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Maricak — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Anna Hrenyo — BIRTHPLACE: Austria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): World War II
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S OWN SIGNATURE: Ann Reagan — ADDRESS: Detroit, Mich.

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Mycardial infarction (probable) — INTERVAL BETWEEN ONSET AND DEATH: minutes
see reverse side

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 21, 19 67, ~~to xxxxxxxxxxxx 19xxx that I last saw the deceased alive on xxxxxxxxxxxx 19xxx~~, *and that death occurred at* 11:30a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 583 Acting Coroner 4
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: May 22, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE
24c. NAME OF CEMETERY OR CREMATORY: Mt. Olivet Cemetery
24d. LOCATION (City, town, or county) (State): Detroit Michigan

DATE REC'D BY LOCAL REG.: May 23, 1967
REGISTRAR'S SIGNATURE: Jack W. Jelke DR
25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: This patient had recently been released from the veterans hospital in Boise; and was also attended April 28, 1967 by Dr. A.E. Miller Sr.

Certificate of Death

STATE OF IDAHO

State File No. 1958
Local Reg. No. 61
Reg. Dist. No. 601

RECEIVED MAY 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 060 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
c. LENGTH OF STAY (in this place): seconds
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rose Road 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot
d. STREET ADDRESS (If rural, give location): Route #1 (Rose)

3. NAME OF DECEASED (Type or Print): a. (First) Todd; b. (Middle) R.; c. (Last) Murdoch

4. DATE OF DEATH: (Month) May (Day) 22, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Feb. 11, 1961	6				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): none 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Blackfoot, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Lynn R. Murdoch — BIRTHPLACE: Ashton, Idaho
14. MOTHER'S MAIDEN NAME: Beverly Rodgers — BIRTHPLACE: Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Lynn R. Murdoch — ADDRESS: Rt.1, Blf't. Idh.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injuries. 8134

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trauma.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): near home on hiway 06
21c. (CITY, TOWN, OR TOWNSHIP) 061 (COUNTY) Blackfoot, Rt. #1, Bingham, (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-22-67 7:30 P.m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Rode bicycle from home driveway onto hiway and collided with auto

22. *I hereby certify that I attended the deceased from* Did not see him alive 5-22, 1967, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J.M. Withers (Degree or title): 569 M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-25-67
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Jack D. Felke DR
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1959
Local Reg. No. 60
Reg. Dist. No. 600

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (In this place): 1 Mo16da 202
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 429 Park Street

3. NAME OF DECEASED (Type or Print)
a. (First): JOHNNIE
b. (Middle): MAE
c. (Last): La COMBE

4. DATE OF DEATH (Month) (Day) (Year): May 22 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 4 1904
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tennessee
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John Griffith — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Mary Chisum — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mary Payne — ADDRESS: Med. Records-State Hospital South

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5702

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesenteric thrombosis associated with intestinal infarction resulting in shock — INTERVAL BETWEEN ONSET AND DEATH: 3-4 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 April, 1967, *to* 22 May, 1967, *that I last saw the deceased alive on* 22 May, 1967, *and that death occurred at* 7:01 P*m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 594 (Degree or title)
23b. ADDRESS: State Hospital South, Blackfoot, Idaho
23c. DATE SIGNED: 24 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/23/67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: [signature] DR
25. EMBALMER: Howard Packham
LICENSE NO.: E-338

Federal Security Agency
United States Public Health Service
Form DH-69021

FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1960
Local Reg. No. 63
Reg. Dist. No. 600

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 061 314
b. CITY OR TOWN: Blackfoot
LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 224

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pingree
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	SMITH	WINMILL	May 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	August 24, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Mt. Dell, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard Winmill	England	Elizabeth Laird	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Mrs Joseph S Winmill	Pingree, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Generalized arteriosclerosis 4500	5 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Virus pneumonia	3 weeks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Dehydration	3 weeks

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 60 *to* May 24, 19 67, *that I last saw the deceased alive on* May 24, 19 67, *and that death occurred at* 11 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C M Mecham 404	M.D.	Blackfoot, Idaho	May 27, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
burial	May 27, 1967	Suguar City Cemetery	Sugar City	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 2, 1967	Dorothy J. Jones	L. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral HOme

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1961
Local Reg. No. 72
Reg. Dist. No. 601

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 060 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural (Moreland)
c. LENGTH OF STAY (in this place): minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 1 mile south Moreland 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 437 Airport road

3. NAME OF DECEASED (Type or Print)
a. (First): BERTIE
b. (Middle): JUNE
c. (Last): THOMPSON

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 13, 1933
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sweetwater, Texas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles E. McCain — BIRTHPLACE: Lott, Texas
14. MOTHER'S MAIDEN NAME: Winnie Taylor — BIRTHPLACE: Delta Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 462-46-0459
17. INFORMANT'S OWN SIGNATURE: Calvin C. Thompson — ADDRESS: Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8224

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe burns — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Trapped in car that burned
DUE TO (c) accident + gas tank leaked + burned

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06
21c. (CITY, TOWN, OR TOWNSHIP) 060 **(COUNTY)** **(STATE)**: Near Moreland Bingham Idaho

21d. TIME OF INJURY (Month) (Day) (Year) About: May 26, 1967 1:00A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto overturned. Trapped in burning auto.

22. *I hereby certify that I attended the deceased from* May 26, 19 67, *to* May, *that I last saw the deceased alive on* XXXXXXXXXXXXXX, *and that death occurred at* 1 a.m *m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Stoeng 583 4 (Degree or title): Coroner, Bingham
23b. ADDRESS: county Blackfoot, Idaho
23c. DATE SIGNED: May 27, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Grove City Cemetery
24d. LOCATION (City, town, or county) (State): Blackfoot, Idaho

DATE REC'D BY LOCAL REG.: June 12, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: C. Dean Hill
LICENSE NO.: E-466

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sandberg-Hill Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 12 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1962
Local Reg. No. 66
Reg. Dist. No. 600

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 06 / Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 089

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 06 / Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 279 McDougal Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Orba	Lula	Blair	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	divorced 4	July 30, 1933	33				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housekeeper 01	own home	Downey, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wesley Leon Waddoups	Swan Lake, Idaho	Elna Rachel Anderson	Downey, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Leon Waddoups	Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1539

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Bowel — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with metastases to liver — 3 months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cholelithiasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	

22. *I hereby certify that I attended the deceased from* ____, 19 50, *to* May 26, 1967, *that I last saw the deceased alive on* May 25, 1967, *and that death occurred at* 6:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Jon Pucher 404 (Degree or title) M.D.	Blackfoot, Idaho	5-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-67	Moreland Cemetery	Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 31, 1967	Dorothy L. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1963
Local Reg. No. 64
Reg. Dist. No. 601

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 060 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
c. LENGTH OF STAY (in this place) minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) In yard at home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 060 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Moreland

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Gerald	Niels	Christiansen	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Aug. 31, 1897	69	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	own farm	Hyrum, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Niels Christiansen	Hyrum, Utah	Lucy McBride	Hyrum, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-16-4723	Florence Christiansen	Box 33, Moreland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic H. Disease — Interval between onset and death: May 1966
Sudden death Day of death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Bingham County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 19 67 *to* May 27, 1967, *that I last saw the deceased alive on* May 17 19 67 *and that death occurred at* 11:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Rexburg Idaho	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-31-67	Moreland Cemetery	Moreland, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 5, 1967	Dorothy J. Jonas	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1964
Local Reg. No. 65
Reg. Dist. No. 601

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
c. LENGTH OF STAY (in this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location): Route 2

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) JAMES c. (Last) CHERRY

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: October 20, 1904

9. AGE (In years last birthday): 62
IF UNDER 1 YEAR Months / Days
IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Grace, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John James Cherry
BIRTHPLACE: Centerville, Utah

14. MOTHER'S MAIDEN NAME: Emeline Rich
BIRTHPLACE: Richville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-9840

17. INFORMANT'S OWN SIGNATURE: Georgia H. Cherry
ADDRESS: Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma Pancreas
INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1967 *to* May 28, 1967, *that I last saw the deceased alive on* May 28, 1967, *and that death occurred at* 3:00p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: O. Dean Backer (Degree or title): M.D.
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: May 31, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: O. Dean Hill
LICENSE NO.: E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

OCT 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1965
Local Reg. No. 76
Reg. Dist. No. 410

RECEIVED MAY 1 6 1967 Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Blaine 025
b. CITY OR TOWN: Hailey 0220
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN: Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) ETHEL b. (Middle) GERTRUDE c. (Last) WILLIAMS

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Aug. 15, 1886

9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Green Forest, Ark.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John E. Ownbey — BIRTHPLACE: Tenn.

14. MOTHER'S MAIDEN NAME: Martha Ann Cowden — BIRTHPLACE: Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Martha Etchison — ADDRESS: Bellevue, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart dis — many years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 402 /

23b. ADDRESS: Hailey, Idaho

23c. DATE SIGNED: 5/4/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 5/4/67

24c. NAME OF CEMETERY OR CREMATORY: Buhl City Cemetery

24d. LOCATION (City, town, or county) (State): Buhl Idaho

DATE REC'D BY LOCAL REG.: May 11-67

REGISTRAR'S SIGNATURE: Robert H. Wright Jr.

25. EMBALMER: Ruth Bird

LICENSE NO.: E-373

FIRM NAME: Bird Funeral Home, Hailey,

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

OCT 12 1978

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1966
Local Reg. No. 17
Reg. Dist. No. 410

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMMANUEL
b. (Middle): FRANK
c. (Last): INAMA

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 14, 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hailey, Idaho
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Emmanuel Inama — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Mary Mecilli — BIRTHPLACE: Italy
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Charlotte Barke — ADDRESS: Carey

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1939 Glioblastoma — INTERVAL BETWEEN ONSET AND DEATH: 6 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct *19*66*, to* May *19*67*, that I last saw the deceased alive on* 4 May *19*67*, and that death occurred at* 8 pm*, from the causes and on the date stated above.*

23a. SIGNATURE: R B Swiens MD 465 (Degree or title)
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 5/6/67
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: May 12/67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird — LICENSE NO. E-373

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev. by B.W.
FIRM NAME: Bird Funeral Home, Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1967 7 8
Local Reg. No. 410
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hosp. 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: North Dakota 35
b. COUNTY: Ward 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kenmare
d. STREET ADDRESS (If rural, give location): Rural, Kenmare, No. Da.

3. NAME OF DECEASED (Type or Print): a. (First) NICHOLES b. (Middle) A. c. (Last) BENDEL

4. DATE OF DEATH (Month) (Day) (Year): May 14, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never Married

8. DATE OF BIRTH: March 2, 1908

9. AGE (In years last birthday): 59 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Madison, Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Michael Bendel — BIRTHPLACE: Wisc.

14. MOTHER'S MAIDEN NAME: Marie Kamthak — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Agatha Sherratt — ADDRESS: Sun Valley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4300

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bacterial Endocarditis — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-7, 1967 *to* 5-14, 1967, *that I last saw the deceased alive on* 5-14, 1967, *and that death occurred at* 5 [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE: Matthew Heiser, M.D. (Degree or title) 752 — **23b. ADDRESS**: Sun Valley Idaho — **23c. DATE SIGNED**: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/14/67

24c. NAME OF CEMETERY OR CREMATORY: St. Michaels Cemetery

24d. LOCATION (City, town, or county) (State): Madison, Minnesota

DATE REC'D BY LOCAL REG.: May 25-67

REGISTRAR'S SIGNATURE: Robert H. Wright

25. EMBALMER: Keith Bird — LICENSE NO.: E-373

FIRM NAME: Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service

Form DH-63021 per Rev 3-67

DUTIES: JUN 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1968 79
Local Reg. No. 410
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey 000
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 070 Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carey
d. STREET ADDRESS (If rural, give location): Carey

3. NAME OF DECEASED (Type or Print): a. (First) ROBERT b. (Middle) NEALE c. (Last) LEAZENBY

4. DATE OF DEATH: (Month) May (Day) 15, (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: April 4, 1903
9. AGE (In years last birthday): 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: retired
11. BIRTHPLACE (State or foreign country): Marcelline, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Leazenby BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ada McGlochlin BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 507-18-5892
17. INFORMANT'S OWN SIGNATURE: Eula Leazenby ADDRESS: Carey, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 5-15-, 1967, *to* 5-15, 1967, *that I last saw the deceased alive on* 5-15-67, 19, *and that death occurred at* 9120 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen W Carlin MD (Degree or title) 402
23b. ADDRESS: Hailey Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/18/67
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: May 25-67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird Keith Bird
LICENSE NO.: E-373
FIRM NAME: Bird Funeral Home, Hailey

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev 6-63

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1969
Local Reg. No. 20
Reg. Dist. No. 410

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Blaine 070
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bellevue
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Samuel
b. (Middle):
c. (Last): Stitt

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 25, 1887
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): miner 07
10b. KIND OF BUSINESS OR INDUSTRY: lead & silver
11. BIRTHPLACE (State or foreign country): Brodford, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George Still — BIRTHPLACE: Irland
14. MOTHER'S MAIDEN NAME: Mary Jane Davidson — BIRTHPLACE: Irland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-10-6204
17. INFORMANT'S OWN SIGNATURE: Robert Stitt — ADDRESS: Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Carcinoma of the Stomach — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1963
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Stomach
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1963, *to* death, 19__, *that I last saw the deceased alive on* 27 May, 1967, *and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Scott Earle 151 MD
23b. ADDRESS: Sun Valley Idaho
23c. DATE SIGNED: 6/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/67
24c. NAME OF CEMETERY OR CREMATORY: Bellevue Cemetery
24d. LOCATION (City, town, or county) (State): Bellevue, Idaho

DATE REC'D BY LOCAL REG.: June 7-'67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird Keith Bird
LICENSE NO.: E-373
FIRM NAME: Bird Funeral Home, Hailey, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev. Ce B.W.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1970
Local Reg. No. 65
Reg. Dist. No. 110

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner Ceneral Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 090
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township):
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Lula
b. (Middle): M.
c. (Last): Bliss

4. DATE OF DEATH (Month) (Day) (Year): May 1 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 29, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Fruit Harvest
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alex Masters — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Nettie Large — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 534-22-1919 D
17. INFORMANT'S OWN SIGNATURE: Nettie M. McKinney — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Congestive Failure Heart — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gastric Carcinoma — 6 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1966, *to* May 1/6, 19__, *that I last saw the deceased alive on* May 1, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Charles G. Smith 742 — **23b. ADDRESS**: Sandpoint, Idaho — **23c. DATE SIGNED**: 5/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Evergreen
24d. LOCATION (City, town, or county) (State): Priest River Idaho

DATE REC'D BY LOCAL REG.: May 15, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Dale C. Coffelt — **LICENSE NO.**: E-501

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1971
Local Reg. No. 70
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark Fork
c. LENGTH OF STAY (in this place) 16 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 090 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark Fork
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Walter b. (Middle) R. c. (Last) Moore

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov. 4, 1901

9. AGE (In years last birthday) 65
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07

10b. KIND OF BUSINESS OR INDUSTRY Mines

11. BIRTHPLACE (State or foreign country) Wisconsin

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin F. Moore BIRTHPLACE Wisconsin

14. MOTHER'S MAIDEN NAME Armeda S Rogers BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 530-01-2699

17. INFORMANT'S OWN SIGNATURE ADDRESS
x Viola Gale Moore

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 43 44 Natural Causes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Long History of heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Barry D. Nelson 583 (Degree or title) Coroner

23b. ADDRESS Sandpoint, Idaho

23c. DATE SIGNED 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 6, 1967

24c. NAME OF CEMETERY OR CREMATORY Clark Fork

24d. LOCATION (City, town, or county) Clark Fork (State) Idaho

DATE REC'D BY LOCAL REG. JUN 13 1967

REGISTRAR'S SIGNATURE Phyllis G. Willetts

25. EMBALMER Dale G. Coffey LICENSE NO. E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form UH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1972
Local Reg. No. 68
Reg. Dist. No. 110

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 718 Main 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 718 Main

3. NAME OF DECEASED (Type or Print)
a. (First): Marvel
b. (Middle): Edna
c. (Last): Ekholm

4. DATE OF DEATH (Month) May (Day) 10 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 3, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Principal 12
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William M. Mitchell — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Leah Walker — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-44-7247
17. INFORMANT'S OWN SIGNATURE: Edwin A. Ekholm — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

201X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hodgkins Lymphoma — INTERVAL BETWEEN ONSET AND DEATH: 8 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1958, *to* May, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 4A *m., from the causes and on the date stated above.*

23a. SIGNATURE 382 (Degree or title): J Munson MD
23b. ADDRESS: Sandpoint Ida
23c. DATE SIGNED: 5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: May 24, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Gilbetts
25. EMBALMER: Dale C. Coffelt — LICENSE NO.: E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 30 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 6 1974

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1973
Local Reg. No. 69
Reg. Dist. No. 110

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 091 Bonner 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 039 Bonner General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): Rowlands Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): W. E.
c. (Last): List

4. DATE OF DEATH (Month) (Day) (Year): May 23 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Sept. 26, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Own Farm
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: George List — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Walberg Shleier — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 518-34-5387 A
17. INFORMANT'S OWN SIGNATURE: Jack Hickey — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of rectum — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 65, 19__, *to* May 23, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 9:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: B. Mavenau 327 (Degree or title) MD
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest
24d. LOCATION (City, town, or county): Sandpoint — (State): Idaho

DATE REC'D BY LOCAL REG.: June 12, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUN 16 1967

BUREAU OF Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1974
Local Reg. No. 72
Reg. Dist. No. 110

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonner 21

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

c. LENGTH OF STAY (in this place): 3 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 09

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: Bonner 21

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint

d. STREET ADDRESS (If rural, give location): 332 S. Florence

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	James	Madison	Hartley	May 25 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	Oct. 3, 1876	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 21	Retired	Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin F. Hartley	USA	Drucilla Keith	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-05-5254	James Franklin Hartley by [illegible]	[illegible]

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Erythro Leukemia Severe — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Chronic Acute Heart failure 3 days

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 66, to May 67, *that I last saw the deceased alive on* May 24, 1967, *and that death occurred at* 6:24 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles G. Snook MD	742	✓	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 27, 1967	Pinecrest	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 13, 1967	Phyllis G. Villetto	Dale G. Coffelt	E-501

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Moon Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1975
Local Reg. No. 71
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 091 156
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 56 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 425 Lakeview Blvd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 091
b. COUNTY: Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 425 L-akeview Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Murtha
c. (Last): Curtis

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 20, 1907
9. AGE (In years last birthday): 59 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist 21
10b. KIND OF BUSINESS OR INDUSTRY: Retail Drug
11. BIRTHPLACE (State or foreign country): Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Richard F. Curtis — BIRTHPLACE: Michigan
14. MOTHER'S MAIDEN NAME: Nell Murtha — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WWII 4
16. SOCIAL SECURITY NO.: 518-05-7863
17. INFORMANT'S OWN SIGNATURE: Catherine M. Curtis — ADDRESS:

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson 583 (Degree or title): Coroner 4
23b. ADDRESS: Sandpoint, Idaho
23c. DATE SIGNED: 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): 2 Cremation
24b. DATE: May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moon Crematory
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: June 12, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tibbetts
25. EMBALMER: Dale G. Coffelt — LICENSE NO.: E-501

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 1976
Local Reg. No. 73
Reg. Dist. No. 110

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonner 09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 03

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonner 09
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 215 Cedar

3. NAME OF DECEASED (Type or Print): a. (First) Minnie; b. (Middle) Armenia; c. (Last) LaFond

4. DATE OF DEATH: (Month) May (Day) 30 (Year) 1967

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 10, 1874

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Millinery 22

10b. KIND OF BUSINESS OR INDUSTRY: Own store

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Joseph Adams — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Armenia Dugas — BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 538-52-9341 J1

17. INFORMANT'S OWN SIGNATURE: Cora L Cherry — ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4427 cardio-vascular renal disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. F/S left femur — 8 weeks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 01

21c. (CITY, TOWN, OR TOWNSHIP): Sandpoint 09 (COUNTY): Bonner (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): April 4 67 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: fell

22. *I hereby certify that I attended the deceased from* May, 1962, *to* May 30, 1967, *that I last saw the deceased alive on* May 30, 1967, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 327 — (Degree or title): MD — **23b. ADDRESS**: Sandpoint, Ida — **23c. DATE SIGNED**: 6-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 2, 1967

24c. NAME OF CEMETERY OR CREMATORY: Pinecrest

24d. LOCATION (City, town, or county) (State): Sandpoint, Idaho

DATE REC'D BY LOCAL REG.: June 12, 1967

REGISTRAR'S SIGNATURE: Phyllis J Tibbetts

25. EMBALMER: Dale G. Coffelt — LICENSE NO.: E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 26 1967 BUREAU OF VITAL STATISTICS

State File No. 1977 735
Local Reg. No. 610
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
LENGTH OF STAY (In this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Frank	Gilbert	Prophet	April 17 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
Male	White	Nevermarried	22 April 1904	62		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Richard D. Prophet	Centerville Utah	Edith Saxton Hull	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-16-5710
17. INFORMANT'S OWN SIGNATURE: C. J. Prophet
ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia Due to Hypostatic Congestion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Bronchopneumonia & Kidney failure
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

3347

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 20, 19 67 *to* April 25, 19 67, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: Shelley Idaho
23c. DATE SIGNED: 5/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 20-67
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby, Jefferson Idaho

DATE REC'D BY LOCAL REG.: May 22-1967
REGISTRAR'S SIGNATURE: Amon Budge
25. EMBALMER: L.M. Nalder [signature]
LICENSE NO.: E-275
FIRM NAME: Nalder's Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 1978
Local Reg. No. 127
Reg. Dist. No. 610

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060
b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Firth, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Carl
b. (Middle)
c. (Last) Sundquist

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH March 10 1890
9. AGE (In years last birthday) 77 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charlen E. Sundquist BIRTHPLACE Sweeden
14. MOTHER'S MAIDEN NAME Christina Berg BIRTHPLACE Sweeden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-05-8562
17. INFORMANT'S OWN SIGNATURE Aaron Sundquist ADDRESS Walla Walla Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

490X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) left lobar pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. exposure and dehydration — 4 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1, 1967, *to* death, 19__, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 4 pm *m., from the causes and on the date stated above.*

633

23a. SIGNATURE A. Wm Bruff Jr (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-12-67
24c. NAME OF CEMETERY OR CREMATORY Riverview
24d. LOCATION (City, town, or county) Firth, Bingham (State) Idaho

DATE REC'D BY LOCAL REG. May 13-1967
REGISTRAR'S SIGNATURE Anna Budgis
25. EMBALMER L. M. Walder
LICENSE NO. E 275

Federal Security Agency
United States Public Health Service
Form DH-6302
FIRM NAME: Walder's Funeral home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1979
Local Reg. No. 720
Reg. Dist. No. 610

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LIFE STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 201 Alpine Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Amelia
b. (Middle)
c. (Last) Peterson

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1967

5. SEX famale
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single 1
8. DATE OF BIRTH Feb. 15, 1888
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Charles Peterson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Anna Letha Johnson — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Jack H. Peterson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis, generalized — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro-vascular accident — 1 day
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 1967, *to* May 2, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Harvey A. Hatch M.D. 208 (Degree or title) 1
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED May 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Lund Cemetery
24d. LOCATION (City, town, or county) (State) Bancroft, Idaho

DATE REC'D BY LOCAL REG. May 10-1967
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER Leo A. Williams
LICENSE NO. E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1980
Local Reg. No. 132
Reg. Dist. No. 6/D

BIRTH NO.

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN THIS PLACE 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 260 Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) Rte. #1 Box 313

3. NAME OF DECEASED (Type or Print)
a. (First) LAVAR
b. (Middle) LELAND
c. (Last) KLINGLER

4. DATE OF DEATH (Month) (Day) (Year) May 4, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH d Mar. 25, 1950

9. AGE (In years last birthday) 17
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03

10b. KIND OF BUSINESS OR INDUSTRY School

11. BIRTHPLACE (State or foreign country) St. Anthony, Idaho.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Sterling L. Klingler
BIRTHPLACE Ida.Falls, Ida.

14. MOTHER'S MAIDEN NAME Myra Mortensen
BIRTHPLACE Salem, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 518-60-1868

17. INFORMANT'S OWN SIGNATURE Sterling Klingler
ADDRESS RDe.#1 Rigby, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

2001

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Lymphosarcoma — INTERVAL BETWEEN ONSET AND DEATH 6 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Retroperitoneal lymphoblastic lymphosarcoma

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 24 19 67, *to* May 4, 19 67, *that I last saw the deceased alive on* May 4, 19 67, *and that death occurred at* 6:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. K. Krantz, M.D.

23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho.

23c. DATE SIGNED May 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 8, 1967

24c. NAME OF CEMETERY OR CREMATORY Sugar City

24d. LOCATION (City, town, or county) (State) Madison Idaho

DATE REC'D BY LOCAL REG. May 19, 1967

REGISTRAR'S SIGNATURE Anna Burgess

25. FUNERAL DIRECTOR Bruce O. Eckersell
ADDRESS Rigby, Idaho.
Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ~~ANNOTATED~~—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho. on 5/4/1967

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1981
Local Reg. No. 721
Reg. Dist. No. 610

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1020 Grant Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Kenneth	F.	Stringfield	May	4	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 12, 1907	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Executive 24	Department Store	Fort Crook, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fredrick Simpson Stringfield	USA	Ona Marion Overman	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519070602	Lucile M. Stringfield	Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/3, 1967, *to* 4/4, 1967, *that I last saw the deceased alive on* 4/4, 1967, *and that death occurred at* 12:34 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 546	Idaho Falls	5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/8/67	Canyon Hill Cemetery	Caldwell Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 10 - 1967	Anna Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 1 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 1982
Local Reg. No. 129
Reg. Dist. No. 610

BIRTH NO.

MAY 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 15 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 352 College Avenue

3. NAME OF DECEASED (Type or Print): a. (First) CELESTE b. (Middle) c. (Last) JENSEN

4. DATE OF DEATH: (Month) May (Day) 5, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 5, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours 15, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant

10b. KIND OF BUSINESS OR INDUSTRY: Child

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Murray H. Jensen — BIRTHPLACE: Rigby, Ida.

14. MOTHER'S MAIDEN NAME: Penny Gerard — BIRTHPLACE: Dillon, Mont.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Murray H Jensen — ADDRESS: Idaho Falls, Idaho.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): fetal atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Prematurity — 15 hours

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5 May, 1967 *to* 5 May, 1967 *that I last saw the deceased alive on* 5 May, 1967 *and that death occurred at* 11:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D.

23b. ADDRESS: Idaho Falls, Idaho.

23c. DATE SIGNED: 9 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Grant Central

24d. LOCATION (City, town, or county) (State): Grant Jefferson Idaho

DATE REC'D BY LOCAL REG.: May 13-1967

REGISTRAR'S SIGNATURE: [signature]

25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

DUTIES: D-67-4331

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho on 5/6/1967

ADDITIONAL REMARKS by Physician .....

Certificate of Death

STATE OF IDAHO

State File No. 1983
Local Reg. No. 129
Reg. Dist. No. 610

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 294 2nd Street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 294 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Herbert	Hans	Thompson	May	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	November 8, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher & Bookkeeper	Grade School & Grain Co	Clarkston, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Thompson	England	Hannah Jensen	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 09 2104	Bessie J Thompson	Idaho Falls

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic Heart disease with Coronary thrombosis	Immediately
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	pernicious anemia	30 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1947, 19___, *to* 5-5, 1967, *that I last saw the deceased alive on* 5-25, 1967, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John S Tate MD	Idaho Falls Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/9/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 12-67	Anna Budge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. [ICA 38-206 and 215.] Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 14 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-281

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 1984
Local Reg. No. 133
Reg. Dist. No. 610

BIRTH NO.

MAY 26 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Bonneville 101 202

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (in this place): Months

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 434 2nd Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 101

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 434 2nd Street

3. NAME OF DECEASED (Type or Print)

a. (First): David

b. (Middle): Lynn

c. (Last): Howard

4. DATE OF DEATH (Month) (Day) (Year): May 5 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 3

8. DATE OF BIRTH: January 12, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months 3 Days 23; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 892

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Wayne Howard — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Dorothy Helen Hopper — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Thomas Howard — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Pulmonary Edema — hours

DUE TO (c): Dilation Rt Heart — hours

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

(Canoners case)

492X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 Jan, 1967, *to* 28 March, 1967, *that I last saw the deceased alive on* 28 March, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph M Rabb MD 211 1

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: 5/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/9/67

24c. NAME OF CEMETERY OR CREMATORY: Burton Cemetery

24d. LOCATION (City, town, or county) (State): Madison County Idaho

DATE REC'D BY LOCAL REG.: May 18-1967

REGISTRAR'S SIGNATURE: Irma Bledger

25. EMBALMER: Ralph M. Wood — LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b. 67-281

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Revision

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 26 1967 Bureau of Vital Statistics

State File No. 1985
Local Reg. No. 130
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 348 H St.

3. NAME OF DECEASED (Type or Print)
a. (First): Kim Gregory Havens
b. (Middle):
c. (Last):

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant 1
8. DATE OF BIRTH: May 8, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days; IF UNDER 24 HRS. Hours / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Carl Merlin Havens
BIRTHPLACE: Twin Falls, Ida.
14. MOTHER'S MAIDEN NAME: Joan Crane
BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Carl M. Havens
ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7735

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Acute Polyhidramnious
DUE TO (c) Twins

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Luton D. Robison MD 612 (Degree or title)
23b. ADDRESS: 1748 Jeppson St
23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 17 1967
REGISTRAR'S SIGNATURE: Anna Bridger
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Williams Funeral Home

DUTIES: D-67-4337

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1986
Local Reg. No. 134
Reg. Dist. No. 616

BIRTH NO.

RECEIVED MAY 26 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 050
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY IN (City or Town) (If outside limits of this place): Bureau of Census
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville 101
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 348 H St.

3. NAME OF DECEASED (Type or Print): a. (First) Kelly b. (Middle) Phillip c. (Last) Havens

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): infant

8. DATE OF BIRTH: May 8, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY: 02

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Carl Merline Havens — BIRTHPLACE: Twin Falls, Ida.

14. MOTHER'S MAIDEN NAME: Joan Crane — BIRTHPLACE: Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Carl M. Havens — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 7785 Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Acute Polyhydramnios
DUE TO (c): Twins

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clarence D. Robinson M.D. — **23b. ADDRESS**: 1748 Jefferson St. — **23c. DATE SIGNED**: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 13, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Rosehill Cemetery — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 17-1967 — **REGISTRAR'S SIGNATURE**: Irma Rudger

25. EMBALMER: Leo A. Williams — **LICENSE NO.**: E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: D-67-4338

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1987
Local Reg. No. 136
Reg. Dist. No. 610

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1145 Canal 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 100
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Swan Valley
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) F. c. (Last) Baker

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: October 16, 1887

9. AGE (In years last birthday): 79
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Richmond, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James F. Baker. BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha Bithel BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 3

16. SOCIAL SECURITY NO.: 518 38 9299

17. INFORMANT'S OWN SIGNATURE: Eldon Fisher ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intestion of Stomach
DUE TO (c) Obstructing Carcinoma

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Weight Loss

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W L Nelson 340 (Degree or Title) MD
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/15/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: May 22 '67
REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: Ralph M. Wood LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1988
Local Reg. No. 134
Reg. Dist. No. 610

RECEIVED MAY 26 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 12 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 319 Gladstone

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 319 Gladstone

3. NAME OF DECEASED (Type or Print): a. (First) Kathy; b. (Middle) Deone; c. (Last) Fullmer

4. DATE OF DEATH: (Month) May (Day) 13 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: December 15, 1954
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Oscar A. Fullmer — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Barbara Deone Smith — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Oscar Fullmer — ADDRESS: Idaho Falls, Id.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic invalidism
DUE TO (c) Spastic paraplegia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) 7 days
(b) Since birth
(c) Since birth

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1961, *to* May, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leonard J. Bingham (Degree or title) MD
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: May 16, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/15/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: May 18-1967
REGISTRAR'S SIGNATURE: Emma Bridges
25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630 (2)

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1989
Local Reg. No. 139
Reg. Dist. No. 610

RECEIVED
JUN 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 204
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L. D. S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Firth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): David
b. (Middle):
c. (Last): Steele

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 25, 1876
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Osterjetland Sweden
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl Gustave Steele — BIRTHPLACE: Sweden
14. MOTHER'S MAIDEN NAME: Johana — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-42-8676
17. INFORMANT'S OWN SIGNATURE: x Carl Steele — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

792X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-27- *, 19* 67 *, to* 5-17-67 *, 19____, that I last saw the deceased alive on _____ 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 418 (Degree or title) MID.
23b. ADDRESS: 145 E. Oak St. P.O. Box Z Shelley, Idaho
23c. DATE SIGNED: 5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: River View
24d. LOCATION (City, town, or county) (State): Firth R#1 Bingham Idaho

DATE REC'D BY LOCAL REG.: May 27-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Lloyd M. Halder
LICENSE NO.: E-275

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1990
Local Reg. No. 143-
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
LENGTH OF STAY (In this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital Geriatrics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1526 Idaho Avenue

3. NAME OF DECEASED (Type or Print): a. (First) JENNIE b. (Middle) c. (Last) MORGAN

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 6, 1893

9. AGE (In years last birthday): 73
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Springville, Utah.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jesse A. Fifield
BIRTHPLACE: Iowa

14. MOTHER'S MAIDEN NAME: Clara V. Strong
BIRTHPLACE: Springville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-28-4396

17. INFORMANT'S OWN SIGNATURE: Edna M. Schmitten
ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov. 17, 19 60, *to* May 17, 19 67, *that I last saw the deceased alive on* 16 May, 1967, *and that death occurred at* 8:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: L. K. Krantz, M.D. (Degree or title)

23b. ADDRESS: Idaho Falls, Idaho

23c. DATE SIGNED: May 29, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Little Butte

24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: June 5-1967

REGISTRAR'S SIGNATURE: Anna Rudges

25. FUNERAL DIRECTOR: Bruce A. Eckersell
ADDRESS: Rigby, Idaho.

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-48021

JUN 21 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. May 17, 1967

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JUN 6 1967

STATE OF IDAHO

State File No. 1991
Local Reg. No. 4
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Idaho Falls
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter-Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 001
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 240 Holbrook

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ida	Lillie	Edginton	May	19	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	November 3, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Teton City, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Samuel Oscar Henderson — BIRTHPLACE: Scotland
14. MOTHER'S MAIDEN NAME: Isabelle N. McKinlay — BIRTHPLACE: Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 32 2110D
17. INFORMANT'S OWN SIGNATURE: Mrs Vita Glover — ADDRESS: Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

332X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-21- , 1959, *to* 5/19 , 1967, *that I last saw the deceased alive on* 5-16, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	Idaho Falls, Ida	5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/23/67	Wilford Cemetery	Fremont County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 1-1967	Anna Rudges	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 6 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1992
Local Reg. No. 141
Reg. Dist. No. 610

RECEIVED JUN 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 285 West 15th Street

3. NAME OF DECEASED (Type or Print): a. (First) David b. (Middle) Theodore c. (Last) Lauber

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: May 16, 1967

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days: 4 | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 00

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James Carl Lauber — BIRTHPLACE: Nevada

14. MOTHER'S MAIDEN NAME: Maxine Sue Byerly — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: James Carl Lauber ADDRESS: Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7230 Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 16, 19 67, *to* May 19, 19 67, *that I last saw the deceased alive on* May 19, 19 67, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leonard J. Bingham MD — **23b. ADDRESS**: Idaho Falls, Idaho — **23c. DATE SIGNED**: 5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 5/22/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Rose Hill Cemetery — **24d. LOCATION** (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 1 1967 — **REGISTRAR'S SIGNATURE**: Anna Burgess

25. EMBALMER: Ralph M. Wood — **LICENSE NO.**: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 67-4363

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1993
Local Reg. No. 142
Reg. Dist. No. 611

RECEIVED JUN 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 48 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 2 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Sarah	Ethel	Gneiting	May	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	November 24, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Payson, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Manning Kerr	USA	Ellen Elizabeth Senion	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	C M Gneiting	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis 4201	immediate
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	myocardial infarction	
DUE TO (c)	Arteriosclerotic Heart Disease	4 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May, 1963, *to* May 20, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Byron Weeks	536 MD	1585 So. Boulevard	5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/24/67	Central Cemetery	Grant Jefferson Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 1-1967	Anna Bridges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 1994
Local Reg. No. 143
Reg. Dist. No. 610

RECEIVED JUN 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 250 West 2nd North Street

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) ELLEN c. (Last) WOOD

4. DATE OF DEATH: (Month) May (Day) 24, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 31, 1884
9. AGE (In years last birthday): 82 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Willard, Utah.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Newton — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Rebecca Jane Davis — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO. 518-14-8210B
17. INFORMANT'S OWN SIGNATURE: M. J. Wood — ADDRESS: Rigby, Idaho.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Gangrenous Changes left foot	10 days
DUE TO (c)	Arteriosclerotic Heart Disease	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Diabetes mellitus	years

4200

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: none performed
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/18, 1949, *to* May 24, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 4:55A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: May 31-1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.

Eckersell Memorial Chapel E-404

Federal Security Agency
United States Public Health Service
Form DPH-48021

NOV 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 3 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 ,Rigby, Idaho. on 5/24/1967

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 1995
Local Reg. No. 146
Reg. Dist. No. 611

RECEIVED
Bureau of Vital Statistics
JUN 6 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY IN this place: Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Route # 1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	Morgan (Bud)	Jenkins Jr.	May	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	September 25, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Malad City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Morgan Jenkins	Idaho	Mariah E. Johns	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Mrs I M Jenkins	Iona, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-31-, 1962 *to* 5-26-, 1967, *that I last saw the deceased alive on* 5-22-, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John A. McMillan MD	1550 Fourth Street	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/29/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE*	25. EMBALMER	LICENSE NO.
June 2-1967	Elmer Burgess	Ralph M. Wood Ralph Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

AUG 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 1996
Local Reg. No. 148
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Bonneville 101

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY IN (this place): Years

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 284 South Ridge Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 16

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 284 South Ridge Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Arthur	W.	Holden	May	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 17, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Attorney 14	Law	Republican Valley, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Cornelius Holden	USA	Louisa Sutherland	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Unknown	Mercedes L. Holden	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized arteriosclerosis — 10 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 26, 1967 *to* May 26, 1967, *that I last saw the deceased alive on* May 26, 1967, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Warren T. Sutton	515 M.D.	1555 So. Blvd Idaho Falls, Idaho	6/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/29/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 6-1967	Emma Rudgren	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1997
Local Reg. No. 149
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville 101 505
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF RESIDENCE (If outside corporate limits): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1743 Raymond

3. NAME OF DECEASED (Type or Print)
a. (First): Orion
b. (Middle): H.
c. (Last): Hansen

4. DATE OF DEATH (Month) (Day) (Year): May 26 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: December 2, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Pharmacist & Realtor
10b. KIND OF BUSINESS OR INDUSTRY: Pharmacy & Real Estate
11. BIRTHPLACE (State or foreign country): Collinston, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hyrum C. Hansen — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Anne Anderson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Lowell L. Hansen — ADDRESS: Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured abdominal aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26, 1967, *to* 5/26, 1967 *that I last saw the deceased alive on* 5/26, 1967, *and that death occurred at* 10:25 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 540 (Degree or title)
23b. ADDRESS: Idaho Falls, Ida
23c. DATE SIGNED: 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/26/67
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: June 6 - 1967
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO. 413

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Wood Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 1998
Local Reg. No. 144
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUN 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place): 1 yr 89mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Geriatrics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby
d. STREET ADDRESS (If rural, give location): 247 N. 2nd W.

3. NAME OF DECEASED (Type or Print)
a. (First): ELSIE
b. (Middle): IRENE
c. (Last): LESSEY

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 29, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Smithfield, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Solomon S. Merrill — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jane Olmstead — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-60-2871J1
17. INFORMANT'S OWN SIGNATURE: John Raymond — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Embolism Stroke — 2 years
DUE TO (c): Arteriosclerotic Heart Disease — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None Performed.
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1960, *to* May 27, 1967, *that I last saw the deceased alive on* May 26, 1967, *and that death occurred at* 11:55P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Asael Hall, (Degree or title): M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Little Butte
24d. LOCATION (City, town, or county) (State): Annis Jefferson Idaho

DATE REC'D BY LOCAL REG.: June 2-1967
REGISTRAR'S SIGNATURE: Anna Bredger
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.
Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho 5/27/1967

ADDITIONAL REMARKS by Physician .....

State File No. 1999
Local Reg. No. 147
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 155 Wadsworth Drive 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 220 Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) BLANCHE b. (Middle) HOWARD HUMPHREYS c. (Last) WHITTLE ADAMS

4. DATE OF DEATH (Month) (Day) (Year) May 29, 1967

5. SEX Female
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov., 8, 1899
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cafe operator 22
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Chester, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ira Orlando Howard — BIRTHPLACE Hooper, Utah
14. MOTHER'S MAIDEN NAME Sylvia McArthur — BIRTHPLACE Mt. Pleasant, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-18-6695 A
17. INFORMANT'S OWN SIGNATURE David L. Neal — ADDRESS Idaho Falls Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 171X Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of Cervix
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3 May 67 *19* 29 May *19* 67, *that I last saw the deceased alive on* 28 May 67, *19* 67, *and that death occurred at* 7:35 Am *m., from the causes and on the date stated above.*

23a. SIGNATURE N. S. Hoddard (Degree or title) 503
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 2 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 1 June 67
24c. NAME OF CEMETERY OR CREMATORY Pineview Cemetery
24d. LOCATION (City, town, or county) (State) Ashton, Fremont County, Idaho

DATE REC'D BY LOCAL REG. June 6-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER M. A. Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2000
Local Reg. No. 18-67
Reg. Dist. No. 100

RECEIVED
MAY 11 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #595

3. NAME OF DECEASED (Type or Print)
a. (First): FREDRICK
b. (Middle): CHARLES
c. (Last): McLEISH

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: May 1, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months / Days: 2; IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Bonners Ferry
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Dennis Ray McLeish
BIRTHPLACE: Brewster, Wash.
14. MOTHER'S MAIDEN NAME: Kathryn Kohler
BIRTHPLACE: Bonners Ferry, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Dennis R. McLeish
ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7730

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline Membrane Disease

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Birth *19___, to* Death *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 4 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 153 (Degree or title) MD
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 5/5/67
24c. NAME OF CEMETERY OR CREMATORY: Paradise Valley Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: May 8, 1967
REGISTRAR'S SIGNATURE: Lewyla Stone
25. EMBALMER: Charles [signature]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 67-4409

JUN 25 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED MAY 26 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2001
Local Reg. No. 22-67
Reg. Dist. No. 100

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township(s)): Bonners Ferry
LENGTH OF STAY (In this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Montana
b. COUNTY: Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jacob	(None)	Gostincar	May	9,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Never Married	July 17, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Railroad	Ljubljana, Austria	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
— Unknown	—	— Unknown	—

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No —	472-01-4560	John N. Bolka	3126 N. 87th, Milwaukee, Wisc.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Myocarditis & failure	time
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerosis	
DUE TO (c)	Senility	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4/7, 1966, *to* 5/9, 1967, *that I last saw the deceased alive on* 5/9, 1967, *and that death occurred at* 11:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M D	Bonners Ferry, Idaho	5/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-15-67	Grandview	Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 23, 1967	[signature]	[signature]	E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2002
Local Reg. No. 19-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 17 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY: Boundary 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1Mo2Wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #844

3. NAME OF DECEASED (Type or Print)
a. (First): ROY
b. (Middle): ARTHUR
c. (Last): SEAMAN

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 8, 1903
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Big Rapids, Michigan
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Henry Seaman — BIRTHPLACE: New York
14. MOTHER'S MAIDEN NAME: Hattie Hansen — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-12-4170
17. INFORMANT'S OWN SIGNATURE: Mrs. Dina Seaman — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Manitou — INTERVAL BETWEEN ONSET AND DEATH: 6 Ds

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Gastric Carcinoma — 9 Mo
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 12/66
19b. MAJOR FINDINGS OF OPERATION: Gastric Ca
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1960, *to* 5/9, 1967, *that I last saw the deceased alive on* 5/9, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 153 [signature], M.D.
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/13/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: May 14, 1967
REGISTRAR'S SIGNATURE: Twyla Stone
25. EMBALMER: [signature]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2003
Local Reg. No. 20-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 110
a. COUNTY: Boundary 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Community Restorium

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): ALEXANDER
c. (Last): MacDONALD

4. DATE OF DEATH (Month) (Day) (Year): May 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: March 9, 1884
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): St. Ignace, Michigan
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John MacDonald — BIRTHPLACE: Nova Scotia
14. MOTHER'S MAIDEN NAME: Jessie McGillivary — BIRTHPLACE: Ontario, Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 519-60-7599
17. INFORMANT'S OWN SIGNATURE: Allan MacDonald — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH 4221
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute respiratory infection — 8 hrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/3, 1967, *to* 5/11, 1967, *that I last saw the deceased alive on* 1/3, 1967, *and that death occurred at* 5:55 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Fred W. Dunne M.D. 150
23b. ADDRESS: Bonners Ferry Idaho
23c. DATE SIGNED: 5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/16/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 5-17-67
REGISTRAR'S SIGNATURE: Gwyla Stone
25. EMBALMER: Charles Malone
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2004
Local Reg. No. 21-67
Reg. Dist. No. 100

BIRTH NO. RECEIVED STATE OF IDAHO

MAY 23 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Boundary 110
b. CITY OR TOWN: Bonners Ferry
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 27 Montana
b. COUNTY: 555 Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	MICHAEL	McDERMOTT	May 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	June 28, 1882	84		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 21	Copper Company	Butte, Montana	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles McDermott	Ireland	Sue Kearney	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No —	516-07-6971	Jack D. Wightman	Troy,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of prostate — INTERVAL BETWEEN ONSET AND DEATH: 5 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: uremia
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
✓		✓

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
/ / / m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/6, 1967, *to* 5/12, 1967, *that I last saw the deceased alive on* 5/12, 1967, *and that death occurred at* 12:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Bonners Ferry	5/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5/13/67	White Funeral Home	Butte Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	[signature]	[signature]	E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2005
Local Reg. No. 9
Reg. Dist. No. 670

RECEIVED MAY 17 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 120 2-06

a. COUNTY: Butte

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco

c. LENGTH OF STAY (in this place): 5½ mos.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hosptial 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 120

b. COUNTY: Butte

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Arco

d. STREET ADDRESS (If rural, give location): 3 miles E. of Arco

3. NAME OF DECEASED (Type or Print)

a. (First): OAKLEY

b. (Middle): TILLMAN

c. (Last): WARREN

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1967

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 7, 1894

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 21

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Cookeville, Tenn.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Chess Warren — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Ada Horner — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): W. W. I 3

16. SOCIAL SECURITY NO.: 519-10-6447

17. INFORMANT'S OWN SIGNATURE: Gladys L. Warren — ADDRESS: Arco, Ida.

3318

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebrovascular incident — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): generalized arteriosclerosis — 10 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 11, 1966, *to* May 6, 1967, *that I last saw the deceased alive on* May 6, 1967, *and that death occurred at* 10:45a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 434 J. Remes

23b. ADDRESS: Arco, Idaho

23c. DATE SIGNED: 5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 10, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Arco, Idaho

DATE REC'D BY LOCAL REG.: 5-16-67

REGISTRAR'S SIGNATURE: Betty J. Marvel

25. EMBALMER: E. H. Marvel

LICENSE NO.: E-457

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 29 1987

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2006
Local Reg. No. 8 [redacted]
Reg. Dist. No. 670

Certificate of Death

RECEIVED
MAY 17 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 120 5-15
a. COUNTY Butte
b. CITY OR TOWN (If outside corporate limits, write [illegible] township) Arco
c. LENGTH OF STAY (in this place) 15 mins.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120
b. COUNTY Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) 437 Highway Drive

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) FRED
c. (Last) PERSHALL

4. DATE OF DEATH (Month) (Day) (Year) May 6, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 22, 1885
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Broken Bow, Nebraska
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Newt Pershall — BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Delilah Harson — BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 539-07-4798
17. INFORMANT'S OWN SIGNATURE J. F. Pershall Jr. — ADDRESS Portland, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1960, *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 1:50a. *m., from the causes and on the date stated above.*

23a. SIGNATURE 031 C. Barker (Degree or title) MD
23b. ADDRESS Arco, Ida
23c. DATE SIGNED 5-15, 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-9-67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Arco, Idaho

DATE REC'D BY LOCAL REG. 5-16-67
REGISTRAR'S SIGNATURE Betty J. Marvel
25. EMBALMER C. H. Marvel
LICENSE NO. E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2007
Local Reg. No. [redacted]10
Reg. Dist. No. 670

BIRTH NO. 190

MAY 17 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Butte 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Arco
LENGTH OF STAY (in this place): 1 week

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 190 b. COUNTY: Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mackay
d. STREET ADDRESS (If rural, give location): 209 Elm Ave.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lost Rivers Hospital 264

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Raymond	Trego	Greene	May 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	March 11, 1891	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 22	Automobile	Houston, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hammond Greene	Indiana	Medora Trego	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-09-3617	Raymond T. Greene	323 N 2nd St SANDPOINT, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured Neck - C4 — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

9930

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
1	Home 01	13 Mackay 190	Custer	Ida

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 3, 67 10:30 a.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Fell in Hallway

22. *I hereby certify that I attended the deceased from* 10:50, 1960, *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 5:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
O.V. Barker MD	Arco, Ida	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	May 12, 1967	Mt. View Crematorium	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-16-67	Betty J. Marvel	C. G. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 09 2015 KB

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2008

Local Reg. No.

Reg. Dist. No.

RECEIVED

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Camas 13D JUN 5 1967
b. CITY OR TOWN Fairfield
LENGTH OF STAY (in this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence in Fairfield

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 13D b. COUNTY Camas
c. CITY OR TOWN Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Benjamin b. (Middle) Crain c. (Last) Culver

4. DATE OF DEATH (Month) May (Day) 23 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH March 12, 1890

9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired) 54

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Shotos, Montana

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME William E. Culver BIRTHPLACE Frankfort, Ind.

14. MOTHER'S MAIDEN NAME Alice Mary Platt BIRTHPLACE Lafett, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-60-3083

17. INFORMANT'S OWN SIGNATURE x Robert L. Meyer ADDRESS Thompson Chapel Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) Emphysema — years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Prostatism — 2 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__, to 23 May, 1967, that I last saw the deceased alive on 23 May, 1967, and that death occurred at 7:50 P m., from the causes and on the date stated above.

23a. SIGNATURE Marion J. Kerns (Degree or title) M.D.

23b. ADDRESS Fairfield Ida

23c. DATE SIGNED May 27 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5-26-67

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. 5-26-67

REGISTRAR'S SIGNATURE Estelle Vaught

25. EMBALMER Robert L. Meyer

LICENSE NO. C-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2009
Local Reg. No. 149
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 21 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 418 N. 5th

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ross	Parker	Booth	April 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	O	Oct. 7, 1896	70				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
R		Pearl, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Booth	Illinois	Frances Mary Smith	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-12-3334	X Betty Anglin	

MEDICAL CERTIFICATION

260X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion with myocardial infarct. — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Gastrointestinal hemorrhage of uncertain origin. — 5-6 days

DUE TO (c) Diabetes, & marked obesity — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1963, *to* April 9, 1967, *that I last saw the deceased alive on* April 9, 1967, *and that death occurred at* 5:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. Kellogg 275	M. D.	1201 S. Kimball, Caldwell, Idaho	19 May '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 13, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-18-1967	Verd Dakan	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 0 5 1999

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2010
Local Reg. No. 132
Reg. Dist. No. 361

BIRTH NO.

RECEIVED JUN 2 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 148
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lake Lowell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1220 Fillmore St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Dr. Oaks	H.	Hoover	April 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 4, 1920	46				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Doctor 14		Boise, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jay Hoover	Oregon	Evelyn Hooper	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	War II 8560	519-03-2123	X D. Hoover	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 14	(COUNTY)	(STATE)
Accident	Lake Lowell 18		Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
4-29-67 — m.		Boat capsized

22. *I hereby certify that I attended the deceased from* Suspicious circ, *19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Weiche MD Coroner 4	Nampa Idaho	5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-1-1967	Vera Dakan	Rodney W Dakan	E-608

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2011
Local Reg. No. 126
Reg. Dist. No. 362

RECEIVED JUN 1 1967

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) CARRIE b. (Middle) ALMETIA c. (Last) NOWLAND

4. DATE OF DEATH: (Month) May (Day) 1, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Infant

8. DATE OF BIRTH: April 30, 1967

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 0, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 02

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Vern D. Nowland — BIRTHPLACE: Meridian, Ida.

14. MOTHER'S MAIDEN NAME: Peggy Poppleton — BIRTHPLACE: Pocatello, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):

(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: By: Jany D. Krunk — ADDRESS: Family Records

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7605 prematurity — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. cerebral hemorrhage — 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* 8:30A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 345 Carlyne (Degree or title) — **23b. ADDRESS**: 619 S. Canyo — **23c. DATE SIGNED**: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 3, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Hillcrest Cemetery — **24d. LOCATION** (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: May 26 1967 — REGISTRAR'S SIGNATURE: Jane D. Steck — **25. EMBALMER**: Jany D. Krunk — LICENSE NO.: E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: D-67-4429

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2012
Local Reg. No. 120
Reg. Dist. No. 363

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 142 MAY 24 1967 000
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1518 First Street North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1518 First Street North

3. NAME OF DECEASED (Type or Print)
a. (First): BENITO
b. (Middle): O.
c. (Last): FLORES

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1967

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: April 10, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): San Francisco, Mexico
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 550 18 4020
17. INFORMANT'S OWN SIGNATURE: Family Records: By: Jane D. Krouch — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Approx Inspection only *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 8:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C. Wesche M.D. Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature]
LICENSE NO.: E-496

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2013
Local Reg. No. 115
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 MAY 12 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY IN (If outside this place) 000
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caldwell Memorial Hos. 057

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print) a. (First) Melvin b. (Middle) M. c. (Last) Brookshier

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 25, 1903

9. AGE (In years last birthday) 63 IF UNDER 1 YEAR Months 11 Days 7 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Furniture Dealer 22

10b. KIND OF BUSINESS OR INDUSTRY Furniture

11. BIRTHPLACE (State or foreign country) Otego, Kansas

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. G. Brookshier BIRTHPLACE Georgia

14. MOTHER'S MAIDEN NAME Pearl Cannon BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 537-07-0108

17. INFORMANT'S OWN SIGNATURE ADDRESS
X Sylva E. Brookshier

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4518 Ruptured Aortic Aneurism — INTERVAL BETWEEN ONSET AND DEATH 12a.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. A.S.H.D.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* June, 1963, to May 2, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 25 Robert H. Jenson MD

23b. ADDRESS Robert H. Jenson, M.D. 922 EAST LOGAN CALDWELL, IDAHO

23c. DATE SIGNED 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 5, 1967

24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery

24d. LOCATION (City, town, or county) (State) Kuna, Idaho

DATE REC'D BY LOCAL REG. 5-11-1967

REGISTRAR'S SIGNATURE Vera Dakan

25. EMBALMER Leonard C. Flahiff

LICENSE NO. E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2014
Local Reg. No. 127
Reg. Dist. No. 360

RECEIVED MAY 29 1967 Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1321 Rimview

3. NAME OF DECEASED (Type or Print)
a. (First): Alberta
b. (Middle): Muriel
c. (Last): Lutteman

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 4, 1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 0, Days 28 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohiowa, Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Wm McCurdy — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Charlotte Steinbrook — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-54-6757
17. INFORMANT'S OWN SIGNATURE: X Otto E Lutteman — ADDRESS:

18. CAUSE OF DEATH 9702
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drug Intoxication

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Multiple drug Types
DUE TO (c): Including - Barbiturates - Meprobomate and an Unidentified Substance

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 141 **(COUNTY)** **(STATE)**: Caldwell - Canyon - Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 2 - 1967 about 9:30 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Took too much Medication

22. *I hereby certify that I attended the deceased from* Inspection + autopsy + Chemical exam, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Henry C Weiche MR. ~~Nampa~~ Coroner
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Siskiyou Cemetery
24d. LOCATION (City, town, or county) (State): Medford, Oregon

DATE REC'D BY LOCAL REG.: 5-26-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis — LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 25 1967

APR 15 1968

OCT 7 1968

MAR 17 1969

FEB 4 1975

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2015
Local Reg. No. 11
Reg. Dist. No. 360

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma
d. STREET ADDRESS (If rural, give location) Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First) H. b. (Middle) Roy c. (Last) Gee

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 13, 1871
9. AGE (In years last birthday) 96 IF UNDER 1 YEAR Months — Days 19 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) New York, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Gee BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Felice Unknown BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-44-4378
17. INFORMANT'S OWN SIGNATURE X Elizabeth C. Lee ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4432

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia due to chr. nephritis — INTERVAL BETWEEN ONSET AND DEATH 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic C.V.D. — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart failure — 2 wks

19a. DATE OF OPERATION None
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11 Jan, 1966, *to* 2 May, 1967, *that I last saw the deceased alive on* 2 May, 1967, *and that death occurred at* 3:26 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) 4432 M.D.
23b. ADDRESS Caldwell
23c. DATE SIGNED 11 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Roswell Cemetery
24d. LOCATION (City, town, or county) Roswell, Idaho (State)

DATE REC'D BY LOCAL REG. 5-12-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Merville D. Davis
LICENSE NO. E-399
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2016
Local Reg. No. 125
Reg. Dist. No. 360

Certificate of Death

RECEIVED
MAY 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Progressive Care Center 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Route #5

3. NAME OF DECEASED (Type or Print)
a. (First): GLADYS
b. (Middle): HAZEL
c. (Last): KOONCE

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1967

5. SEX: Female
6. COLOR OR RACE: Cau.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 10, 1913
9. AGE (In years last birthday): 54
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 81
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Hammett, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Arthur D. Turner
BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Frankie Bowns
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 527-44-8748
17. INFORMANT'S OWN SIGNATURE: X L. P. Koonce
ADDRESS: Caldwell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Diabetic nephropathy — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes mellitus — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-18-58, 19__, *to* 5-3-67, 19__, *that I last saw the deceased alive on* 5-3-67, 19__, *and that death occurred at* 1:55P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 250 W. Huffer M.D.
23b. ADDRESS: 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED: 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: 5-17-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: H. Weil Humphrey
LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2017
Local Reg. No. 118
Reg. Dist. No. 360

Certificate of Death

RECEIVED MAY 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba
d. STREET ADDRESS (If rural, give location): Melba

3. NAME OF DECEASED (Type or Print)
a. (First): Lawrence
b. (Middle): E.
c. (Last): Goss

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: March 28, 1901
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Nebraska
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John H. Goss — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Esther Maine — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-32-3609T
17. INFORMANT'S OWN SIGNATURE: Lila Hambley — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 525X Chronic cardiac disease c̄ failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic pulmonary fibrosis + emphysema — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia — months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: He developed irreducible anasarca
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1, 1962, *to* May 3, 1967, *that I last saw the deceased alive on* May 3, 1967, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: J. Kellogg 278 (Degree or title): M. D.
23b. ADDRESS: 1201 S. Kimball, Caldwell, Idaho
23c. DATE SIGNED: 12 May '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.: 5-15-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Richard W. Nesenbrink — LICENSE NO. E-487

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2018
Local Reg. No. 112
Reg. Dist. No. 364

RECEIVED MAY 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 95 Golden Gate Canal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Box 255

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JOE		CAVOZOS JR.	5	4	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Mexican	Child	Sept 17, 1964	2	7	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child 02	None	Abernathy, Texas	USA

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
Joe Cavazos Sr. Mercedes, Texas	Rita Castillo Sinton, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE — ADDRESS
No No	None	x Pat Cavazos

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning. — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident.	In Canal	Wilder. Canyon Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
5 4 1967 10 A.M.?		Accidentally fell in Canal

22. I hereby certify that I attended the deceased from Inspector only 19___, to ___, 19___, that I last saw the deceased alive on ___, 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C Wenk M.D. Coroner	Nampa Idaho	5-8-67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/6/67	Wilder	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-10-1967	Vera Parker	Leonard C. Flahiff	E-481

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flahiff Funeral Chapel

DUTIES:

MAY 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2019
Local Reg. No. 113
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 328 Caldwell Blvd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): X Nampa
d. STREET ADDRESS (If rural, give location): 328 Caldwell Blvd.

3. NAME OF DECEASED (Type or Print)
a. (First): MILDRED
b. (Middle):
c. (Last): LAUTERBACH

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 19, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dillon, Montana
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jens Petersen — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Anna — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 54 8353
17. INFORMANT'S OWN SIGNATURE: Arjoffie Lauterbach — ADDRESS: Nampa, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cortanoscherotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 3

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* About 1:00A. *19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Frayden Olson 115 — **23b. ADDRESS**: Nampa Idaho — **23c. DATE SIGNED**: 5-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Dillon Montana

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard [illegible] — **LICENSE NO.**: 5487

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 19 1967

JUL 26 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2020
Local Reg. No. 115
Reg. Dist. No. 362

BIRTH NO. RECEIVED STATE OF IDAHO

MAY 19 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 142
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Samaritan Hospital 049

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Midland Manor

3. NAME OF DECEASED (Type or Print)
a. (First): RUTH
b. (Middle): K.
c. (Last): Burris

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1967

5. SEX: Fema.e
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Oct. 19, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home 01
10b. KIND OF BUSINESS OR INDUSTRY: home making
11. BIRTHPLACE (State or foreign country): Riverton Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob B. Burris — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Cordellia Massey — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Chester Kugler — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart Disease
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Pleural Effusion

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/31, 1967, *to* 5/5, 1967, *that I last saw the deceased alive on* 5/5, 1967, *and that death occurred at* 11:15P m. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. R. Mangum MD 322
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Tony J. Krauch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Cahpel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2021
Local Reg. No. 12
Reg. Dist. No. 360

Certificate of Death

RECEIVED MAY 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2420 Cherry St.

3. NAME OF DECEASED (Type or Print)
a. (First): Burl
b. (Middle): J.
c. (Last): Kissel

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 15, 1887
9. AGE (In years last birthday): 79 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David H. Kissel — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): War I 3
16. SOCIAL SECURITY NO.: 570-34-7415
17. INFORMANT'S OWN SIGNATURE: Burl G. Kissel — ADDRESS: 627 S. Corner Carthage Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Vascular Disease — 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 20 Mar 1967, *to* 5 May, 1967, *that I last saw the deceased alive on* 5 May, 1967, *and that death occurred at* 12:35 *p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A L Poulsen M D 651
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 15 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 5-17-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 2 4 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2022
Local Reg. No. 176
Reg. Dist. No. 362

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
LENGTH OF STAY (If hospital or institution): 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HSOPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 210 YALE

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	J.	VANDERLINDEN	MAY 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	WIDOWED 2	JAN. 21, 1879	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER 04	FARMING	HOLLAND	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NO RECORD	NO RECORD	NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO			X Mrs. W. E. Kester	MERIDIAN

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-3 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) 3rd degree A.V. Block + Major arrythmia — 10 days

DUE TO (c) Coronary atherosclerosis — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rt ing hernia; Benign Prostatic hypertrophy — 20 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 60, *to* 5-5, 19 67, *that I last saw the deceased alive on* 5 May, 1967, *and that death occurred at* 4:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C.R. Riordan	MD	NAMPA, IDAHO	5/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5-10-67	MT. CALVARY CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Jane Stark	M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2023
Local Reg. No. 115
Reg. Dist. No. 361

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ruval - Caldwell
c. LENGTH OF STAY IN (this place) 19
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 632

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ruval - Caldwell
d. STREET ADDRESS (If rural, give location) Route 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Gordon	Barrett	May	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 27, 1880	86	11	8		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farmer	Wamego Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Spencer Barrett	Upshire Cty. W. Va.	Annie Elkin	Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 09 0316	Gordon S Barrett	71 Shoo Scranton Pa

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer Liver — INTERVAL BETWEEN ONSET AND DEATH: 10 d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) primary cancer prostate — 2½ yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1965, *to* May, 1967, *that I last saw the deceased alive on* May 27, 1967, *and that death occurred at* 10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ralf Reynolds MD	Caldwell Idaho	May 7-1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/8/67	Hillcrest	Near Nampa, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-10-1967	Vera Parker	Leonard C. Slakiff	E-481

FIRM NAME: Slakiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 29 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

State File No. 2024
Local Reg. No. 114
Reg. Dist. No. 360

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon (141)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho (680)
STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (140)
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder, Idaho
d. STREET ADDRESS (If rural, give location): Box 583

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	MARTHA	S (051)	OTTO	5	6	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
F	W	Widowed 2	Feb. 14, 1891	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife (01)	Self	North Bend, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert Wyatt	England	Elizabeth Miller	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Louis Otto	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis (4281)

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery sclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-4, 19 67, *to* 5-6, 19 67, *that I last saw the deceased alive on* 5-6, 19 67, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	Caldwell Ida	5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/8/67	Prospect View	Pierce, Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-11-1967	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 2 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 2 0 1974

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2025
Local Reg. No. 117
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt.#1 Melba
d. STREET ADDRESS (If rural, give location): Route #1 Melba

3. NAME OF DECEASED (Type or Print)
a. (First): Charles
b. (Middle): Russell
c. (Last): Harpster

4. DATE OF DEATH (Month) (Day) (Year): May 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 14, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farming
11. BIRTHPLACE (State or foreign country): Otterville, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Harpster — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Elizabeth Lochead — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): W.W. I 3
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs. Russell Harpster — ADDRESS:

4201

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction, acute	?
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Atherosclerosis, marked, coronaries.	?
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Pancreatitis, acute, necrotizing and hemorrhagic.	6 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1967, *to* May 7, 1967, *that I last saw the deceased alive on* May 7, 1967, *and that death occurred at* 7:20 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert H. Blome MD 048
23b. ADDRESS: Nampa, Id. 721 Roosevelt Ave.
23c. DATE SIGNED: 5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Ada County Idaho

DATE REC'D BY LOCAL REG.: May 18 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W. Mesenbrink
LICENSE NO.: E-487

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 18 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2026
Local Reg. No. 199
Reg. Dist. No. 360

RECEIVED
MAY 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY IN THIS PLACE 170
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370 b. COUNTY Owyhee
c. CITY OR TOWN Homedale, Idaho
d. STREET ADDRESS (If rural, give location) Rt #1

3. NAME OF DECEASED (Type or Print): a. (First) HELENA b. (Middle) A 05 c. (Last) METZER

4. DATE OF DEATH: (Month) 5 (Day) 7 (Year) 67

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct. 25, 1885

9. AGE (In years last birthday): 81 IF UNDER 1 YEAR Months 6 Days 12 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 0

10b. KIND OF BUSINESS OR INDUSTRY: Self

11. BIRTHPLACE (State or foreign country): Hasting, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Schultz BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: MinnieSchultz BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Denzil N. Metzer ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Primary site unidentified.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-8-66, 19__, *to* 5-7-67, 19__, *that I last saw the deceased alive on* 5-7-67, 19__, *and that death occurred at* 12:50A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Lyle Stones, M.D.

23b. ADDRESS: 222 East Elm--Caldwell, Idaho

23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: 5/10/67

24c. NAME OF CEMETERY OR CREMATORY: Wilder

24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 5-17-1967

REGISTRAR'S SIGNATURE: Vera Baker

25. EMBALMER: Leonard C. Flahiff LICENSE NO. E-481

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2027
Local Reg. No. 143
Reg. Dist. No. 360

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN Caldwell
c. IF OUTSIDE CORPORATE LIMITS, WRITE RURAL and give township
d. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS (If rural, give location) 317 Kearney St.

3. NAME OF DECEASED (Type or Print) a. (First) Seveart b. (Middle) R. c. (Last) Myres

4. DATE OF DEATH (Month) (Day) (Year) May 8, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Sept. 22, 1906
9. AGE (In years last birthday) 60 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) St. James, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Myres
BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Amelia Unknown
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 504-07-9377
17. INFORMANT'S OWN SIGNATURE Shirley M. McMillan ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2920

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemolytic Anemia
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-9067, 19__, to 5-8-67, 19__ that I last saw the deceased alive on 5-8-67, 19__, and that death occurred at 1:45P. m., from the causes and on the date stated above.

23a. SIGNATURE Lyle Stonis, M. D. 505 (Degree or title)
23b. ADDRESS 222 East Elm--Caldwell, Idaho
23c. DATE SIGNED 5-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY CanyonHill Cemetery
24d. LOCATION (City, town, or county) (State) Caldwell, Idaho

DATE REC'D BY LOCAL REG. 5-20-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Kenneth E. Spence
LICENSE NO. E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency/ United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2028
Local Reg. No. 123
Reg. Dist. No. 363

BIRTH NO.

RECEIVED
MAY 24 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location): 1601 Fillmore

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Arthur	Edwin	Wilson	May 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	Sept. 3, 1897	69		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert L. Wilson — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Elizabeth Dahlquist — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X George E. Wilson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic myocarditis	years
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)	and arteriosclerosis	years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Terminal pneumonia alcoholism	2 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 1963, *to* January, 1967, *that I last saw the deceased alive on* Jan. 26, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ethel Clegg 275	M. D.	1201 S. Kimball, Caldwell, Idaho	16 May '67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10, 1967	Hillcrest Memorial Garden	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 22, 1967	Jane Steed	Melville D Dakan	E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 18 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2029
Local Reg. No. 117
Reg. Dist. No. 362

RECEIVED MAY 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-- 304 Juniper 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 304 Juniper

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JESS	BENDER	CLINE	May 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	never married	Nov. 21, 1899	67				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Farmer 84	Farming	Sidney, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Cline	Virginia	Lydia Good	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	none	x Bertha Simmons	Nampa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death	Congestive Heart Failure	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-14, 1967, *to* 5-9-, 1967, *that I last saw the deceased alive on* 3-14, 1967, *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche 560 M.D.	Nampa Idaho	5-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 18, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Jane Stuck	Richard W. Mesenbrink 6	E-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2030
Local Reg. No. 127
Reg. Dist. No. 363

RECEIVED JUN 1 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location): 712 W. Avalon

3. NAME OF DECEASED (Type or Print)
a. (First): Orville
b. (Middle): Angus
c. (Last): Mc Nutt

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 23, 1896
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Water Master 26
10b. KIND OF BUSINESS OR INDUSTRY: Boise Project
11. BIRTHPLACE (State or foreign country): Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Robert B. Mc Nutt — BIRTHPLACE: West Virginia
14. MOTHER'S MAIDEN NAME: Mary Jane Goul — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-0521
17. INFORMANT'S OWN SIGNATURE: Cecile M. Mc Nutt — ADDRESS: Kuna

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Renal failure Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: diabetes - encephalomalacia — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1960 *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 6:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. B. Mancuso 326 (Degree or title) WD
23b. ADDRESS: Nampa
23c. DATE SIGNED: 5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-12-67
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna, Idaho

DATE REC'D BY LOCAL REG.: May 27 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: [signature]
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2031
Local Reg. No. 118
Reg. Dist. No. 363

Certificate of Death

RECEIVED MAY 24 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 2-02
b. CITY OR TOWN: NAMPA
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township in this place): 2 MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MIDLAND MANOR 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 018
b. COUNTY: ADAMS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KUNA
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print)
a. (First): ARZELIA
b. (Middle): M.
c. (Last): ROARK

4. DATE OF DEATH (Month) (Day) (Year): MAY 11, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: APRIL 14, 1873
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOME MAKER 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): CRESTON, NORTH CAROLINA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JACOB LEWIS — BIRTHPLACE: NO. CAROLINA
14. MOTHER'S MAIDEN NAME: ELIZABETH STURGIL — BIRTHPLACE: NO. CAROLINA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Grace Beaudreau — ADDRESS: NAMPA, IDA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: 0

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1964, *to* May 11, 1967, *that I last saw the deceased alive on* May 11, 1967, *and that death occurred at* 10:30 *am., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Marquisen MD 326
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-15-67
24c. NAME OF CEMETERY OR CREMATORY: KUNA CEMETERY
24d. LOCATION (City, town, or county) (State): KUNA, IDAHO

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M B Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 24 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2032
Local Reg. No. 119
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH 142
a. COUNTY: CANYON 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): FEW HRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 OREGON 555 b. COUNTY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL JORDAN VALLEY
d. STREET ADDRESS (If rural, give location): **

3. NAME OF DECEASED (Type or Print)
a. (First): NANCY b. (Middle): ELLEN c. (Last): TUCKNESS

4. DATE OF DEATH (Month) (Day) (Year): MAY 11, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: JAN. 26, 1924
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): MERIDIAN, IDAHO
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: CARL A. GISH — BIRTHPLACE: IOWA
14. MOTHER'S MAIDEN NAME: ALICE McMULLAN — BIRTHPLACE: BOISE, IDAHO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-0235
17. INFORMANT'S OWN SIGNATURE: X Ralph H. Tuckness — ADDRESS: JORDAN VALLEY, ORE

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Myocardial Infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: sudden death 1-2 hrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-8-, 1955, *to* 5-11-, 1967, *that I last saw the deceased alive on* 5-11-, 1967, *and that death occurred at* 3:45P *m., from the causes and on the date stated above.*

23a. SIGNATURE: 454 [signature] (Degree or title): MD
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-16-67
24c. NAME OF CEMETERY OR CREMATORY: MERIDIAN CEMETERY
24d. LOCATION (City, town, or county) (State): MERIDIAN, IDAHO

DATE REC'D BY LOCAL REG.: May 18, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

DUTIES:

MAY 25 1967

AUG 10 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

MAY 23 1967

State File No. 2033
Local Reg. No. 124
Reg. Dist. No. 361

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rt. # 3
Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Oliver		Latture	May 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	August 16, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04		Raymond, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Latture	Tenn.	Martha Kingsolier	Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-40-2363	Jessie E. Bell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) acute coronary — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct, 1965, *to* May 12, 1967, *that I last saw the deceased alive on* Jan, 1967, *and that death occurred at* 2:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Neil E Reynolds MD	Caldwell Idaho	May-17 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-20-1967	Vera Dakan	Kenneth E Spencer	E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

DUTIES:

MAY 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2034
Local Reg. No. 122
Reg. Dist. No. 360

RECEIVED MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon (14) (080)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital (051)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho (14) b. COUNTY: Canyon (1)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1110 Albany

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ellis	E.	Jackson	May 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married (3)	January 6, 1902	65	4	6		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Owner of Jackson Jewlery (22)		Council, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Franklin Jackson	Indiana	Florence Vreeland	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-20-1058A	Mrs Ellis E. Jackson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Rupture of the thoracic aorta (451X) — INTERVAL BETWEEN ONSET AND DEATH: 9 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic plaque in thoracic aorta — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* [illegible], 19[illegible], *to* 5-12, 1967, *that I last saw the deceased alive on* 5-[illegible], 1967, *and that death occurred at* 8:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Chas. O. Kemik (280) MD	1819 Ellis St Caldwell Idaho	5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-20-1967	Vera Dakan	Kenneth E Spence	E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 4 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 1 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR - 7 1986

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2035
Local Reg. No. 126
Reg. Dist. No. 361

RECEIVED
MAY 29 1967
Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma, Idaho
DURATION OF STAY (in this place): 20 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma, Idaho
d. STREET ADDRESS (If rural, give location): Stockton & 3rd Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
MICHAEL	DUANE	HURD	5	13	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Child	Aug. 20, 1965	1	8	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child	None	Caldwell, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gary C Hurd	Emmett, Idaho	LaDonna Upshaw	Caldwell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	None	X [signature]	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death by fire — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home of	Parma, Canyon, Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
5	13	67	12 Noon		Gasoline exploded nothing known on fire

22. *I hereby certify that I attended the deceased from* Post mortem only *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at __ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D. Coroner	Nampa Idaho	5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/17/67	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-26-1967	Vera Dakan	Lucy Jo Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2036
Local Reg. No. 125
Reg. Dist. No. 360

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakley's Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 146
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Notus
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Ruth	Mary	Carlson	May 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 3	June 11, 1893	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
60		Salem, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Wrighton	Unknown	Betty Boyd	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-48-5669	x James Nordhorn	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4d

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility —
DUE TO (c) ASHD —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* March, 1967, *to* May, 1967, *that I last saw the deceased alive on* May 12, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Nick Reynolds MD	Caldwell	May 17 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 16, 1967	Lower Boise Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-20-1967	Vera Dakan	Kenneth E. Spence	E-395

FIRM NAME Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2037
Local Reg. No. 109
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 15 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Mercy Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 140
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin Labor Camp
d. STREET ADDRESS (If rural, give location) Franklin Labor Camp

3. NAME OF DECEASED (Type or Print)
a. (First) Procopio
b. (Middle) Soria
c. (Last) Torres

4. DATE OF DEATH (Month) (Day) (Year) May 13, 1967

5. SEX Male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 8, 1901
9. AGE (In years last birthday) 65 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Mexico
12. CITIZEN OF WHAT COUNTRY? Mexico

13. FATHER'S NAME Unknown — BIRTHPLACE Mexico
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. No
17. INFORMANT'S OWN SIGNATURE X Raymundo G Torres — ADDRESS Nampa, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title) Henry C. Wesche M.R. Coroner
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 5-14-67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Reynosa, Mexico
24d. LOCATION (City, town, or county) (State) Reynosa, Mexico

DATE REC'D BY LOCAL REG. May 16, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER Richard W. Mesenbrink — LICENSE NO. E-487
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 15 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 18 1967

AUG 18 1970

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 28 1997

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post-office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2038
Local Reg. No. 138
Reg. Dist. No. 360

RECEIVED JUN 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
James	G.	Sevy	May 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 6, 1908	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 64		Rosston, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry William Sevy	Illinois	Cora Dowers	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		720-03-4020	David G. Sevy	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Stenosis — 15 yrs
DUE TO (c) rheumatic fever — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 1966, *to* May, 1967, *that I last saw the deceased alive on* March, 1967, *and that death occurred at* 11 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Val E. Dakan MD	Caldwell Idaho	6/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 19, 1967	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-12-1967	Vera Dakan	Merville D Davis	E-399

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 1967

FEB 13 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 10 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to . . .

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2039
Local Reg. No. 124
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 — MAY 24 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY: Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospt 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Lincoln Park

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): H.
c. (Last): Frahm

4. DATE OF DEATH (Month) (Day) (Year): May 16, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: February 6, 1890
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Germany
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: August Frahm — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Augusta M. Virchow — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 540-36-2146A
17. INFORMANT'S OWN SIGNATURE: Carl E. Frahm — ADDRESS

18. CAUSE OF DEATH 334X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 2 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-17, 1965, *to* 5-16, 1967, *that I last saw the deceased alive on* 5-15, 1967, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard C. Treyer M.D. 666
23b. ADDRESS: 619 So. Canyon, Nampa, Ida
23c. DATE SIGNED: 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 22, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Richard W. Mesenbrink — LICENSE NO. E-487

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2040
Local Reg. No. 128
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (If not in this place): 25 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 930 SO. POWERLINE RD.

3. NAME OF DECEASED (Type or Print)
a. (First): VENICE
b. (Middle): R.
c. (Last): GRANT

4. DATE OF DEATH (Month) (Day) (Year): MAY 16, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: AUG. 30, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HEAD LICENSE BUREAU
10b. KIND OF BUSINESS OR INDUSTRY: CANYON COUNTY
11. BIRTHPLACE (State or foreign country): UTAH
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: THORNTON RICHARDSON 08
BIRTHPLACE: UTAH
14. MOTHER'S MAIDEN NAME: PEARL TIMOTHY
BIRTHPLACE: UTAH

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-38-4525
17. INFORMANT'S OWN SIGNATURE: W. J. Grant
ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyper nephroma Left. Metastatic — INTERVAL BETWEEN ONSET AND DEATH: 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) To Lung - Liver Skull
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hyper Tension - Mild. — 4 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1947, *to* May 16, 1967, *that I last saw the deceased alive on* May 16, 1967, *and that death occurred at* 3:20P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 449 W B Ross
23b. ADDRESS: NAMPA, IDAHO
23c. DATE SIGNED: 5-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-20-67
24c. NAME OF CEMETERY OR CREMATORY: CLOVERDALE MEMORIAL
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: May 27, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: M. B. Shepherd
LICENSE NO.: 473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 1 1967
JUN 6 1967
AUG 14 1967
SEP 7 1967
SEP 19 1967
JAN 17 1977

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2041
Local Reg. No. 129
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY CANYON 142 3-09
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
LENGTH OF STAY (in this place) 9 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 052

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 615 14th AVE. SOUTH

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JULIA	(nmn)	SCHULTZ	MAY 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
FEMALE	WHITE	MARRIED 3	DEC. 6, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOUSE WIFE 01	AT HOME	STEWARDSON, ILLINOIS	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ERICK ERICKSON	ILLINOIS	C. ANNA TURNER	ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	516-30-1056	X Charlotte Schultz	NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) renal failure, acute — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) adeno carcinoma of pancreas
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/9/67	Ca of pancreas	YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/2, 1967, *to* 5/17, 1967, *that I last saw the deceased alive on* 5/17, 1967, *and that death occurred at* 5:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
S. [illegible], M.D.	NAMPA, IDAHO	5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5-19-67	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 22, 1967	Jane Steck	M. D. Shepherd	473

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SHEPHERD MORTUARY

DUTIES: JUN 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2042
Local Reg. No. 130
Reg. Dist. No. 362

RECEIVED JUN 1 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN: Nampa
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142 b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 1721-3rd. Street North

3. NAME OF DECEASED (Type or Print): a. (First) JOHN b. (Middle) H. c. (Last) GREGORY

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 3, 1889
9. AGE (In years last birthday): 77 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jackson City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Harrison Gregory BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: x Phoebe Denton BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 511 22 7744
17. INFORMANT'S OWN SIGNATURE: x Virgil Gantz ADDRESS: Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 465X Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Vasc. Thrombosis — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1967, *to* May, 1967, *that I last saw the deceased alive on* May 17 1967 *and that death occurred at* 10:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 326 (Degree or title) MD
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: May 22, 1967
REGISTRAR'S SIGNATURE: Jane Stock
25. EMBALMER: William B. Wise
LICENSE NO.: E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 2 0 1988

FEB 2 7 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2043
Local Reg. No. 122
Reg. Dist. No. 363

RECEIVED
MAY 24 1967
Bureau of Vital Statistics

BIRTH NO. 142

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
LENGTH OF STAY (in this place): 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho State School & Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 40
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Kathleen	Frances 052	Olson	May 17 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	never married	August 20, 1950	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 09
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? Idaho USA

13. FATHER'S NAME: Clifford James Olson — BIRTHPLACE: Iron River, Mich.
14. MOTHER'S MAIDEN NAME: Frances K. Perkins — BIRTHPLACE: Superior, Wis.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Evelyn Fox, ADDRESS: Nampa

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

493X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-1- , 1963, *to* 5-17 , 1967, *that I last saw the deceased alive on* 5-9 , 1967, *and that death occurred at* 3:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 345	M.D.	Nampa	5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 18, 1967	Lewiston Cemetery	Lewiston Idaho

DATE REC'D BY LOCAL REG.: May 22, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-447
FIRM NAME: Aysip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAY 25 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2044
Local Reg. No. 172
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 14 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home,

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 507 Fillmore St.

3. NAME OF DECEASED (Type or Print)
a. (First): Forbes
b. (Middle): Thomas
c. (Last): Massie

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 25, 1882

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 29

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Newton Montogomery, Wales

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Massie
BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Angelina Reece
BIRTHPLACE: Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 528-34-4656

17. INFORMANT'S OWN SIGNATURE: Bill Massie
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary insufficiency — indefinite

DUE TO (c) Artero sclerosis — indefinite

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* 1967, 19__, *that I last saw the deceased alive on* ____ 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gerald C. Dawman MD

23b. ADDRESS: Caldwell Idaho

23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Entombment

24b. DATE: May 22, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Mausoleum

24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-13-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Rodney W. Dakan

LICENSE NO.: E-506

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 1 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2045
Local Reg. No. 130
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

REC[illegible] JUN 2 1967 Bureau of Vital Statistics

141 3-05

1. PLACE OF DEATH
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon 555
b. COUNTY: Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. 2 - Ontario
d. STREET ADDRESS (If rural, give location): Rt. 2 -- Ontario, Oregon

3. NAME OF DECEASED (Type or Print)
a. (First): Tressie
b. (Middle): Fourthy 051
c. (Last): Bolles

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: July 4, 1888
9. AGE (In years last birthday): 78 yrs — IF UNDER 1 YEAR: Months - Days - — IF UNDER 24 HRS.: Hours - Min. -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Rockbranch, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Fred Shever — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Sarah Adams — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ruby Bolles — ADDRESS: Ontario, Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized cerebral arteriosclerosis.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 5-18-67
19b. MAJOR FINDINGS OF OPERATION: Severe cerebral arteriosclerosis.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14-, 1967, *to* 5-19-, 1967, *that I last saw the deceased alive on* 5-19-, 1967, *and that death occurred at* 11:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 425 Am Salaang MD
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: May 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery
24d. LOCATION (City, town, or county) (State): Payette, Idaho

DATE REC'D BY LOCAL REG.: 5-31-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Gifford R. Shaffer
LICENSE NO.: E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2046
Local Reg. No. 143
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 14 1967 Bureau of V

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Nellie
b. (Middle): Florence
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 20, 1880
9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Red Oak, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles S. Smith — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Margaret Bell Wilson — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: Laurence K. Lamm — ADDRESS:

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac arrhythmia — INTERVAL BETWEEN ONSET AND DEATH: —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ASHD. — —
DUE TO (c): — —

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Osteoarthritis, severe

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from _____, 1966, to _____, 1967, that I last saw the deceased alive on May 20, 1967, and that death occurred at 2 A.M., from the causes and on the date stated above.*

23a. SIGNATURE 034 (Degree or title): Gerald C Bauman MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenleaf Cemetery
24d. LOCATION (City, town, or county) (State): Greenleaf, Idaho

DATE REC'D BY LOCAL REG.: 6-13-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Rodney W. Dakan — LICENSE NO.: E 508

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2047
Local Reg. No. 129
Reg. Dist. No. 360

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

MAY 29 1967
Bureau of Vital Statistics

1. PLACE OF DEATH 141
a. COUNTY: Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF (If not in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): I.O.O.F. Home, Caldwell 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 14th Avenue N.

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): R.
c. (Last): Haynes, Sr.

4. DATE OF DEATH (Month) (Day) (Year): May 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 16, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Butler, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-24-8044A
17. INFORMANT'S OWN SIGNATURE: George R Haynes Jr — ADDRESS

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Coronary — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHC — 2 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: gout — 1 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* May, 1967, *that I last saw the deceased alive on* May 15, 1967, *and that death occurred at* 8 or 4 *m., from the causes and on the date stated above.*

23a. SIGNATURE 437 (Degree or title): [signature] M.D.
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Star Cemetery
24d. LOCATION (City, town, or county) (State): Star, Idaho

DATE REC'D BY LOCAL REG.: 5-26-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Rodney W. Dakan
LICENSE NO.: E-508

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2048
Local Reg. No. 137
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUN 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY CANYON
b. CITY OR TOWN NAMPA
LENGTH OF STAY (in this place) 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION MERCY HOSPITAL

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA RURAL
d. STREET ADDRESS (If rural, give location) ROUTE 6

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	WILLIAM	A.	MOORE	MAY 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED	JUNE 21, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER	FARMING	ALLERTON, IOWA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
JAMES J. MOORE	IND.	NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-60-6214	Minnie L. Moore	NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pulmonary Emphysema — 5 yrs
DUE TO (c) Arteriosclerotic Heart Disease — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertrophic Arthritis — 10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Aug, 1954, *to* May, 1967, *that I last saw the deceased alive on* May 20 1967, *and that death occurred at* 2:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	NAMPA, IDAHO	5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	5-23-67	CLOVERDALE CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 29 1967	Jane Stuck	M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2049
Local Reg. No. 136
Reg. Dist. No. 363

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 36

142

1. PLACE OF DEATH
a. COUNTY: Canyon 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 200
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Glenns Ferry

3. NAME OF DECEASED (Type or Print)
a. (First): WALTER
b. (Middle): LEE
c. (Last): FARRIS

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 4, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired - Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Lancaster, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War 1 3
16. SOCIAL SECURITY NO.: 712-09-0336
17. INFORMANT'S OWN SIGNATURE: Grace Rhoads — ADDRESS: Glenns Ferry

18. CAUSE OF DEATH 442X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia Hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac Failure & Chronic Nephritis — 6 mo
DUE TO (c): Arteriosclerotic Cardiovascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1967, *to* 5-21, 1967, *that I last saw the deceased alive on* 5-21, 1967, *and that death occurred at* 10:15P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 245 T C Horton MD
23b. ADDRESS: 1223-7 Sts So, Nampa
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 5/25/67
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: June 15, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: H. Ved Humphrey
LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 1967

NOV 5 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2050
Local Reg. No. 39
Reg. Dist. No. 320

BIRTH NO.

RECEIVED JUN 19 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 44
b. COUNTY Washington
c. CITY OR TOWN Weiser
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) Logan
b. (Middle) 051
c. (Last) Hargett

4. DATE OF DEATH (Month) May (Day) 21 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 10/10/1893
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months 7 Days 11
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Isaac Hargett
BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME Lydia Prest
BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE ADDRESS
/ Mrs. Rowena Clemmons 2011 Blaine Caldwell, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic complete occlusion of right internal carotid artery. — INTERVAL BETWEEN ONSET AND DEATH: over one month.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 5-17-67
19b. MAJOR FINDINGS OF OPERATION as above
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-11- , 1967 , *to* 5-21- , 1967 , *that I last saw the deceased alive on* 5-21- , 1967 , *and that death occurred at* 7:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M. D.
23b. ADDRESS 227 E. Logan, Caldwell, Idaho
23c. DATE SIGNED 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 5/23/67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 5-23-67
REGISTRAR'S SIGNATURE R. Dee Thomson
25. EMBALMER Marshall L Dickerson
LICENSE NO. E-464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 15 1968

OCT 9 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2051
Local Reg. No. 131
Reg. Dist. No. 360

BIRTH NO.

RECEIVED
JUN 2 1967
Bureau of Vital Statistics

STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hi-Way 30

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 1123 East Logan St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Barbara	Bowman	Sherman	May 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	June 15, 1928	38				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
College of Idaho Book	Store Manager	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Earl Bowman 26	Utah Salt Lake City	Margaret McCarroll	Oskaloosa, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		519-20-4665	Jack M. Sherman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broken neck — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Auto Accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Laceration of eyebrow, left temple

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway 30	Caldwell	Canyon	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑	21f. HOW DID INJURY Ooccur?
5-21-1967 1:30 p.m.		Car ran into rear end of another

22. *I hereby certify that I attended the deceased from* Inspection only, *19____, to ____, 19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wiesbrock MD Coroner	Canyon Idaho	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 23, 1967	Rose Hill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-1967	Vera Dakan	Merville D. Davis	E-399

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

DUTIES:

OCT 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 6 1975

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2052
Local Reg. No. 128
Reg. Dist. No. 360

RECEIVED MAY 29 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Marsing
d. STREET ADDRESS (If rural, give location): P. O. Box 51

3. NAME OF DECEASED (Type or Print)
a. (First): Jesus
b. (Middle): Arturo
c. (Last): Salazar

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1967

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 16, 1946
9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): General Teran, Mexico
12. CITIZEN OF WHAT COUNTRY?: Mexico

13. FATHER'S NAME: Jesus A. Salazar, Sr. — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Aurelia Rios — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 455-74-4077
17. INFORMANT'S OWN SIGNATURE: X Silverio Salazar — ADDRESS:

18. CAUSE OF DEATH 8234
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Internal Injuries — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06
21c. (CITY, TOWN, OR TOWNSHIP) 370 **(COUNTY)** Marsing Owyhee **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 21 67 1a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: Car left road

22. *I hereby certify that I attended the deceased from* May 21, 1967, *to* only, 19__, *that I last saw the deceased alive on* May 21, 1967, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 570 (Degree or title): [signature] MD
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Montemorelos, Cemetery
24d. LOCATION (City, town, or county) (State): Montemorelos, Mexico

DATE REC'D BY LOCAL REG.: 5-26-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D Davis
LICENSE NO.: E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 2 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2053
Local Reg. No. 135
Reg. Dist. No. 360

Certificate of Death

RECEIVED JUN 12 1967 STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 141
a. COUNTY: Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Bureau of Vital Statistics
c. LENGTH OF STAY (In this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print)
a. (First): Bessie
b. (Middle): L. 051
c. (Last): Love

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 27, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 3, Days 25 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nursing Home Owner
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Decatur, Illinois
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Miller 26 — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Sarah Davis — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: x Nellie Mae Moss — ADDRESS

18. CAUSE OF DEATH 4501
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bacteremia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gangrene of foot
DUE TO (c): Arteriosclerosis obliterans.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-65, 19__, *to* 5-22-67, 19__, *that I last saw the deceased alive on* 5-22-67, 19__, *and that death occurred at* 11:05P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 505 Lyle Stones, M.D.
23b. ADDRESS: 222 East Elm—Caldwell, Idaho
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Wilder Cemetery
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 6-6-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2054
Local Reg. No. 133
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 140
a. COUNTY: Canyon 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
c. LIMITS OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home Route # 4 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 4

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): CLARENCE
c. (Last): TOWERY

4. DATE OF DEATH (Month) (Day) (Year): May 23, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 29, 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. P.F.E. Worker 06
10b. KIND OF BUSINESS OR INDUSTRY: Pacific Fruit Express
11. BIRTHPLACE (State or foreign country): Marion, Kentucky
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Willis M. Towery — BIRTHPLACE: Kentucky
14. MOTHER'S MAIDEN NAME: Laura M. O'Neil — BIRTHPLACE: Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): WxWxx.yes | W.W.I. 3
16. SOCIAL SECURITY NO.: 700 09 3337
17. INFORMANT'S OWN SIGNATURE: Donald B. Towery — ADDRESS: Rt #4 Nampa

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Disease.
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3-4 mos

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 1965 *to* May 23, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 4:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE 322 (Degree or title): J. Manzum MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 7 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUL 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUL 25 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM.~~ In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2055
Local Reg. No. 133
Reg. Dist. No. 36-21

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 142 3-07
b. CITY OR TOWN: NAMPA
c. LENGTH OF STAY IN (this place): 1 WK
d. FULL NAME OF HOSPITAL OR INSTITUTION: MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 142
b. COUNTY: CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 903 11th AVE. SOUTH

3. NAME OF DECEASED (Type or Print): a. (First) SIDNEY b. (Middle) L. c. (Last) ROBERTS

4. DATE OF DEATH (Month) (Day) (Year): MAY 23, 1967

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): SINGLE

8. DATE OF BIRTH: APRIL 8, 1893

9. AGE (In years last birthday): 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NO RECORD

10b. KIND OF BUSINESS OR INDUSTRY: NO RECORD

11. BIRTHPLACE (State or foreign country): IDAHO

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: NO RECORD
BIRTHPLACE: NO RECORD

14. MOTHER'S MAIDEN NAME: NO RECORD
BIRTHPLACE: NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-14-3166T

17. INFORMANT'S OWN SIGNATURE: LaVelle Carter ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — Interval between onset and death: 1yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetic Nephropathy — 1yr.

DUE TO (c) Diabetes Mellitus — 9 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-23, 1965, *to* 5-23, 1967, *that I last saw the deceased alive on* 5-23, 1967, *and that death occurred at* 6:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard C. Dwyer 666 (Degree or title) M.D.

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 5/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 5-26-67

24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: June 7, 1967

REGISTRAR'S SIGNATURE: Jane Stark

25. EMBALMER: M. B. Shepherd

LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2056
Local Reg. No. 137
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 704-5th Ave, N.

3. NAME OF DECEASED (Type or Print)
a. (First): Bertha
b. (Middle): E. 301
c. (Last): Elston

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 7, 1891
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Chase County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: S. T. Slabaugh — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Maria Weaver — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-20-2069
17. INFORMANT'S OWN SIGNATURE: Harold C. Elston — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

334X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
~~DUE TO (b)~~ Generalized and
DUE TO (c) Cerebro-arteriosclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov 10, 1965, *to* May 27, 1965, *that I last saw the deceased alive on* May 27, 1965, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. K. Mangum 322 MD
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: June 15 1967
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2057
Local Reg. No. 134
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4321 Good Street

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLEN
c. (Last): DAVENPORT

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: July 12, 1918
9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proof Reader 06
10b. KIND OF BUSINESS OR INDUSTRY: Newspaper
11. BIRTHPLACE (State or foreign country): Fullerton Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: James A. Walsh — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Grace B. Maybon — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-05-5970
17. INFORMANT'S OWN SIGNATURE: Delores A. Cann — ADDRESS: Rye Beach, New Hampshire

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — Myocardial infarction — Cardiac decompensation — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Mellitus — 28 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19 39, to 5/27, 1967, that I last saw the deceased alive on 5/27, 1967, and that death occurred at 5:10 P.m., from the causes and on the date stated above.*

23a. SIGNATURE: W B Ross 449 (Degree or title) Phys
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 5/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county): Nampa (State): Idaho

DATE REC'D BY LOCAL REG.: June 7, 1967
REGISTRAR'S SIGNATURE: Jane Leeck
25. EMBALMER: Larry J. Kranich — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2058
Local Reg. No. 145
Reg. Dist. No. 361

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. #6 Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2307 Michigan

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Nancy		Inman	May 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 2	Sept. 2, 1915	51	8	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Self	Tanney County, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Billingsley	Mo.	Sarah Katon	Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		430-20-5225	x Herald Inman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

203X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Myeloma — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-11-67, 19___ *to* 5-28-67, 19___, *that I last saw the deceased alive on* 5-24-67, 19___, *and that death occurred at* 8 a.m. *on* 5-28-67 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 178	MD	222 East Elm—Caldwell, Idaho	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 1, 1967	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-18-1967	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 18 2014

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2059
Local Reg. No. 132
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa- Rural
d. STREET ADDRESS (If rural, give location): R# 5

3. NAME OF DECEASED (Type or Print)
a. (First): ETHEL
b. (Middle): A.
c. (Last): FULCHER

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 30, 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Beaver Oklahoma
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Spurgeon — BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Margaret Hall — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 700 09 3311 B
17. INFORMANT'S OWN SIGNATURE: Earl C Fulcher — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: one day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Occlusion — 4 mos
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Had first attack 4 mos ago

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3/30, 1967, *to* 5/31, 1967, *that I last saw the deceased alive on* 5/31, 1967, *and that death occurred at* 4:00P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J R Mangum MD 322
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: June 7, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Larry T. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2060
Local Reg. No. 137
Reg. Dist. No. 361

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Rt. Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 6 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 6

3. NAME OF DECEASED (Type or Print): a. (First) Lola b. (Middle) O. c. (Last) Haumann

4. DATE OF DEATH (Month) (Day) (Year): May 31, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	July 2, 1910	56	10	29		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walworth, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alfred E. Allen — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Pearl Young — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-48-2248
17. INFORMANT'S OWN SIGNATURE: Vernon Haumann ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	1 MO.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ureteral obstruction	7 mo.
DUE TO (c)	CANCER CERVIX	4 YRS.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION: 6 Oct 66
19b. MAJOR FINDINGS OF OPERATION: CA CERVIX, Frozen Pelvis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 Oct, 1966, *to* 20 may 4, 1967, *that I last saw the deceased alive on* 20 may, 1967, *and that death occurred at* 9:20 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: R. Montgomery M.D. (Degree or title)
23b. ADDRESS: 222 E. Logan
23c. DATE SIGNED: 5 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-9-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Merville D. Davis
LICENSE NO.: E-399
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2061
Local Reg. No. 137
Reg. Dist. No. 360

Certificate of Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 141 000
b. CITY OR TOWN Caldwell
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1301 Albany Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1301 Albany Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ina
b. (Middle) Myrtle
c. (Last) Sheffield

4. DATE OF DEATH (Month) (Day) (Year) May 31, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 27, 1895
9. AGE (In years last birthday) 71 — If under 1 year: Months 7, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (State or foreign country) Norton County, Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Addison Youngs — BIRTHPLACE Indiana
14. MOTHER'S MAIDEN NAME Addie Blood — BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-1139
17. INFORMANT'S OWN SIGNATURE x Virginia Ogren — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH 4201
(a) Infarction, myocardial due to Heart disease - arteriosclerotic — INTERVAL BETWEEN ONSET AND DEATH 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Influenza — 8 yrs 2 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
1) Carcinoma face (skin) 10 yrs
2) Cholecystitis cholelithiasis

19a. DATE OF OPERATION 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec 22, 1959, *to* May 31, 1967, *that I last saw the deceased alive on* May 30, 1967, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE E. L. Munn 381 (Degree or title) M.D.
23b. ADDRESS Caldwell, Ida.
23c. DATE SIGNED 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery
24d. LOCATION (City, town, or county) (State) Meridian, Idaho

DATE REC'D BY LOCAL REG. 6-6-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Leonard P. Flahiff
LICENSE NO. E-481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2062
Local Reg. No. 146
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Canyon 141

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

c. LENGTH OF STAY (in this place): 100

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 141

b. COUNTY: Canyon

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell

d. STREET ADDRESS (If rural, give location): 1906 Polk Street

3. NAME OF DECEASED (Type or Print)

a. (First): Edna

b. (Middle): Lucille 057

c. (Last): Short

4. DATE OF DEATH

(Month) (Day) (Year): May 31, 1967

5. SEX

Female

6. COLOR OR RACE

White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)

Married 2

8. DATE OF BIRTH

April 30, 1910

9. AGE (In years last birthday)

57

IF UNDER 1 YEAR: Months 1 Days 1

IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

Self

11. BIRTHPLACE (State or foreign country)

Liberal, Mo.

12. CITIZEN OF WHAT COUNTRY?

U.S.A.

13. FATHER'S NAME

Jeff Mollett

BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME

Unknown

BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)

No

(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

None

17. INFORMANT'S OWN SIGNATURE

X Wesley R. Short (SON)

ADDRESS

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary hypertension — INTERVAL BETWEEN ONSET AND DEATH: several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Mitral stenosis — Unknown

DUE TO (c) Rheumatic fever — Unknown

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY

(Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED

WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-14-67, 19___, *to* 5-31-67, 19___, *that I last saw the deceased alive on* 5-31-67, 19___, *and that death occurred at* 10:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)

505 Lyle Stonia, M.D.

23b. ADDRESS

222 East Elm-Caldwell, Idaho

23c. DATE SIGNED

6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

24b. DATE

June 5, 1967

24c. NAME OF CEMETERY OR CREMATORY

Canyon Hill

24d. LOCATION (City, town, or county) (State)

Caldwell, Idaho

DATE REC'D BY LOCAL REG.

6-18-1967

REGISTRAR'S SIGNATURE

Vera Dakan

25. EMBALMER

Leonard C. Flahiff

LICENSE NO.

E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2063
Local Reg. No. 11
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED JUN 2 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 150
a. COUNTY: Caribou
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (If not in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 49 West Second South

3. NAME OF DECEASED (Type or Print)
a. (First): Christopher
b. (Middle): Alfred 069
c. (Last): Lallatin

4. DATE OF DEATH (Month) (Day) (Year): May 19, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widower 2
8. DATE OF BIRTH: Dec. 12, 1878
9. AGE (In years last birthday): 88 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Businessman-retired
10b. KIND OF BUSINESS OR INDUSTRY: Equip.
11. BIRTHPLACE (State or foreign country): Neuffin, Germany
12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Anton Lallatin 22
BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Rosina Lallatin
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Darrell Lallatin
ADDRESS: Soda Springs, Ida

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 24 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/26, 1967, *to* 5/19, 1967, *that I last saw the deceased alive on* 4/16, 1967 *and that death occurred at* 1 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tigerts 534 (Degree or title), M.D.
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 5/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/22/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Darhl Cherriett
25. EMBALMER: Theodore S. Allen
LICENSE NO.: E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2064
Local Reg. No. 1693
Reg. Dist. No. 470

RECEIVED MAY 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 160 1-48
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert -rural
c. LENGTH OF STAY (in this place) 48 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 2½ Mi. NE of InterState No. of Decl. 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert rural
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print) a. (First) Lorenzo b. (Middle) Swanner c. (Last) Stutz

4. DATE OF DEATH (Month) May (Day) 2, (Year) 1967

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH Sept. 15, 1899
9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months 7 Days 17 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Lorenzo Stutz, BIRTHPLACE Mill Creek, Utah
14. MOTHER'S MAIDEN NAME Julia Swanner, BIRTHPLACE Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ----
16. SOCIAL SECURITY NO. 518-38-7578
17. INFORMANT'S OWN SIGNATURE Leona Lemke ADDRESS Rupert Idaho R. #1

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. obesity

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated the death of *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* about 1:00 *P.m., from the causes and on the date stated above.*

23a. SIGNATURE Leslie L F Illmore MD (Degree or title) 583 Corner 4
23b. ADDRESS Box 657 Burley Idaho
23c. DATE SIGNED 5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 5, 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) Rupert, (State) Idaho

DATE REC'D BY LOCAL REG. May 10 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Ormand F Burch
LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2065
Local Reg. No. 1695
Reg. Dist. No. 470

Certificate of Death

RECEIVED MAY 23 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 161

a. COUNTY: Cassia 3-21

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley

c. LENGTH OF STAY (in this place): 3 weeks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 160

b. COUNTY: Cassia

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): John

b. (Middle): Charles 070

c. (Last): Stapley

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Oct 22, 1882

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee keeper 22

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Toquerville, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: John C. Stapley - So. Wales, Aust.

14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Elizabeth Hubschmid - Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 518-42-6471

17. INFORMANT'S OWN SIGNATURE: A. E. Stapley — ADDRESS: Oakley, Idaho

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Imed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): ~~UKI~~ + Generalized Arteriosclerosis — 5-10 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: UKI + Acute Bronchitis — 24 hrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 April, 1967, *to* 4 May, 1967, *that I last saw the deceased alive on* 13 Apr, 1967, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 526 (Degree or title): [signature] MD

23b. ADDRESS: Burley

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/8/1967

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: May 15, 1967

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: [signature]

LICENSE NO.: E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2066
Local Reg. No. 1694
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 16 1967 Bureau of Vital Statistics

161 4-01

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Declo - rural
d. STREET ADDRESS (If rural, give location): 1Mi.East ½ Mi.North

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): George 070
c. (Last): Bortz

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1967

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 28, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 11, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Great Bend, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Herman Bortz, BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Mary Bietz, BIRTHPLACE: Clafflin, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): - - - - -
16. SOCIAL SECURITY NO.: 518-42-6220
17. INFORMANT'S OWN SIGNATURE ADDRESS: Leona Bortz Declo Ida

18. CAUSE OF DEATH 1621
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma, Epidermoid, Bronchial

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Metastasis

INTERVAL BETWEEN ONSET AND DEATH: 4 weeks (known)

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-13, 1967, *to* 5-5, 1967, *that I last saw the deceased alive on* 5-5, 1967, *and that death occurred at* 2:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 283 (Degree or title): J. K. Kircher MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Albion Masonic Cemetery, Albion,
24d. LOCATION (City, town, or county) (State): Idaho

DATE REC'D BY LOCAL REG.: May 11 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2067
Local Reg. No. 1696
Reg. Dist. No. 470

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 161 MAY 23 1967 1-01
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 10½ Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Declo
d. STREET ADDRESS (If rural, give location) Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First) Helen
b. (Middle) Urilda 070
c. (Last) Mooso

4. DATE OF DEATH (Month) (Day) (Year) May 9, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan. 1, 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alva A. Tanner — BIRTHPLACE So. Cottonwood, Ut.
14. MOTHER'S MAIDEN NAME Mary L. VanValkenburg — BIRTHPLACE Salt Lake Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) - - - - -
16. SOCIAL SECURITY NO. 518-38-1730B
17. INFORMANT'S OWN SIGNATURE Lyman Mooso — ADDRESS Burley

416X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1963, *to* May, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 3:25 pm., *from the causes and on the date stated above.*

23a. SIGNATURE Eugene N. Schinger 239 (Degree or title) M.D.
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 5-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/12/67
24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. May 17, 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER [signature]
LICENSE NO. E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: MAY 24 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2068
Local Reg. No. 1697
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN: Burley
LENGTH OF STAY (in this place): 4 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Hale
c. CITY OR TOWN: Hale Center (Rural)
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print): a. (First) Pancho b. (Middle) Martinez c. (Last) aka: Frank Martinez
4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1967
5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 20, 1947
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Lampasas, Texas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Unknown — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Lupe Virilla — BIRTHPLACE: (Texas)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: × Henry Benavides — ADDRESS: Rt 3 Rupert

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound of head and neck — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-13-67
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy performed
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [X] (Specify): 3
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00
21c. (CITY, TOWN, OR TOWNSHIP) 13 Burley (COUNTY) 161 Cassia (STATE) Idaho
21d. TIME OF INJURY: (Month) (Day) (Year) (Hour): Approx 2:45 PM
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR? Gun shot

22. *I hereby certify that I attended the deceased from* 5-13-67, 19__, *to* 5-13-67, 19__, *that I last saw the deceased alive on* 5-13-67, 19__, *and that death occurred at* 7:40 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Holmes — (Degree or title): M.D.
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/16/67
24c. NAME OF CEMETERY OR CREMATORY:
24d. LOCATION (City, town, or county) (State): Hale Center, Texas

DATE REC'D BY LOCAL REG.: May 23 1967
REGISTRAR'S SIGNATURE: Bert A. Pearson
25. EMBALMER: Smith Payne
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit, ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2069
Local Reg. No. 1698
Reg. Dist. No. 470

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jackson District
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6 Mi. East 2 Mi. No. Rupert

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Nevada
b. COUNTY Ormsby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fernley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LAWRENCE	E.	GUISASOLA	May 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Basque	widowed	November 19, 1916	50	5	26		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Heavy Equip. Operator	Construction	Mackay, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sam Guisasola	Spain	Pearl Goodman	Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW 2	519-03-3489	Madamy Guisasola	Rt #1 Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Crushing of body — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Field	Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
May 15, 7:20 p.m.		Airplane accident

22. *I hereby certify that I attended the deceased from* May 9, 19 67 *to* May 15, 19 67, *that I last saw the deceased alive on* May 15, 19 67, *and that death occurred at* 7:20 p.m., *from the causes and on the date stated above.*

Investigated the death of

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L. Talmage MD Coroner		Box 657 Burley Idaho	5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	5/18/67	Hailey Cemetery	Hailey, Blaine Co, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 24 1967	Bess H Pearson	Ormand Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bird Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 16 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2070
Local Reg. No. 1699
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

160

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jackson Dist.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 6 Mi/E. 2 Mi.No.of Rupert

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 29 Nevada 555
b. COUNTY: Ormsby
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sparks
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Evan
b. (Middle): Dee 800
c. (Last): Olsen

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Feb. 1, 1922
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months 3, Days 14 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Draftsman 21
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Ephraim, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Andrew Olsen, BIRTHPLACE: Ephraim, Utah
14. MOTHER'S MAIDEN NAME: Katie Christensen, BIRTHPLACE: Central, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.: 529-20-2627
17. INFORMANT'S OWN SIGNATURE: Lynn J. Olsen — ADDRESS: 210 Canyon Rd Logan Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

866X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushing of Body — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 16
21c. (CITY, TOWN, OR TOWNSHIP) 160 **(COUNTY)** **(STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 15, 1967 7:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: airplane accident

22. *I hereby certify that I attended the deceased from* Investigated the death *, 19__, to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore MD Carmel 552
23b. ADDRESS: Box 657 Burley Idaho
23c. DATE SIGNED: 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 16, 1967
24c. NAME OF CEMETERY OR CREMATORY: Ephraim Cemetery
24d. LOCATION (City, town, or county) (State): Ephraim, Sanpete Co. Utah

DATE REC'D BY LOCAL REG.: May 24 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 22 2002

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2071
Local Reg. No. 1703
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 160 JUN 5 1967
b. CITY OR TOWN: Milner
Bureau of Vital Statistics
LENGTH OF STAY (in this place): 5 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION: Approx. 1 Mi. West Milner

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 160
b. COUNTY: Cassia
c. CITY OR TOWN: Milner
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Thelma	Ann	Hoppes	May 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	White	Married 3	Aug. 21, 1915	51	8	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Hazelton, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Sanders,	Illinois	Hazel DeMint,	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	514-16-0050	Alfred Hoppes	Montpelier Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Body Laceration — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
	Railroad tracks	Milner 160	Cassia	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Hit by railroad train

22. *I hereby certify that I attended the deceased from* ~~[illegible]~~ investigated, to Dec. 18, 1967, *that I last saw the deceased alive on* ~~[illegible]~~, 19___, *and that death occurred at* 7:55 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie L Fillmore MD Coroner	Box 657 Burley Idaho	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	May 20, 1967	Medicine Lodge Cemetery,	Medicine Lodge, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 31, 1967	Beth H. Pearson	Vern B. McCulloch	E-360

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

JUL 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2072
Local Reg. No. 1702
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Cassia 16
b. CITY OR TOWN: Burley
c. LENGTH OF STAY IN THIS PLACE: 8½ weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Burley Nursing Home 290

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 16
b. COUNTY: Cassia
c. CITY OR TOWN: Burley
d. STREET ADDRESS (If rural, give location): 1750 Miller Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
E.	Corinne	Terhune	May 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	Widowed 2	April 19, 1873	94		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Piano Teacher 12	Music	Savannah, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. F. Waters	Ohio	Fannie Newell	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-36-9332		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Ischemia — INTERVAL BETWEEN ONSET AND DEATH: 1 Month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 5yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Broncitis Hypertension — 5yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 19, 1967, *to* May 20, 1967, *that I last saw the deceased alive on* May 19, 1967, *and that death occurred at* 5:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm. P. Terhune 526	MD	Burley Idaho	25 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/24/67	Pleasant View	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 29 1967	Beth H. Pearson		E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2073
Local Reg. No. 1701
Reg. Dist. No. 470

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 161
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 60 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 535 Miller Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 535 Miller Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Ida
b. (Middle): Pearl
c. (Last): Hodge

4. DATE OF DEATH (Month) (Day) (Year): May 21, 1967

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 20, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 10, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Diamond, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Joseph Maroni Taylor, Nauvoo, Mo.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Louise Stalings, Payson, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.: 518-24-4977
17. INFORMANT'S OWN SIGNATURE — ADDRESS: G. L. Hodge 559 Miller Burley Ida

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Arteriosclerotic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Diabetis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1964, *to* 5-9, 1967 *that I last saw the deceased alive on* 5-9, 1967 *and that death occurred at* 4 P *m., from the causes and on the date stated above.*

23a. SIGNATURE 276 (Degree or title): [signature] M.D.
23b. ADDRESS: Burley
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: May 29 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F. Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

NOV 20 19

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2074
Local Reg. No. 1700
Reg. Dist. No. 470

REC'D JUN 5 1967
Bureau of Vital Statistics

BIRTH NO. 161 127

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 22 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1226 Elba Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1226 Elba Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Joshua		Cunningham	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	August 31, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Agriculture	American Fork, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Cunningham		Mary Agnes Adams	American Fork, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	518-28-5130	Alton T. Cunningham	Burley, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis // — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Ca of Prostate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
m.		

22. *I hereby certify that I attended the deceased from* May 22, 1967, *to* May 22, 1967, *that I last saw the deceased alive on* May 23 1967, *and that death occurred at* 10 30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter Keller MD	1335 Albion, Burley, Ida	5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 26, 67	View Cemetery	R.F.D. Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 29 1967	Ruth N. Pearson	Harold Payne	E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

DEC 2 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

JUN 12 1967

Bureau of Vital Statistics

State File No. 2075
Local Reg. No. 1706
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 161 602
b. CITY OR TOWN: Burley
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: Cassia Memorial Hosp. 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1426 Oriental Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Hjalmar	Olaf	Wahlstrom	May 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 20, 1901	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Agriculture	Oakley, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert W. Wahlstrom	Vingaker, Swed.	Beda Haag	Heda, Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	518-18-2326	Mrs. H. A. Wahlstrom	BURLEY

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — Interval between onset and death: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Arteriosclerosis — 3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic Cystitis — 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-12-51, 19___, *to* 5-24-67, 19___, *that I last saw the deceased alive on* 5-24-67, 19___, *and that death occurred at* 11:35A.M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 526	MD	Burley, Idaho	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/27/1967	Pleasant View Cem.	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 5, 1967	Rick H. Pearson	[signature]	E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED

Bureau of Vital Statistics

State File No. 2076
Local Reg. No. 1704
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia 16 JUN 5 1967 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
LENGTH OF STAY (In this place): 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 811 Elba Avenue 800

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia 16
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 811 Elba Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Frank	Kelso	Bordine	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	White	Married 3	May 30, 1889	77	11	27		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Lowe, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eugene Bordine,	Michigan	Barbara Vance	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - - -	518-32-1905	Ila B. Bordine	Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary artery occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Old anterior myocardial Infarct — 12 mos.
DUE TO (c) Arteriosclerotic Cardiovascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis generalized

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 3-27, 1967, *to* 3-30, 1967, *that I last saw the deceased alive on* 3-30, 1967, *and that death occurred at* 11:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Olmer MD	Burley Idaho	5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 31, 1967	Pleasant View Cemetery	Burley, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 2 1967	Burt A. Pearson	Ormand J Burch	E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

DUTIES:

MAY 27 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

APR 22 1971

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2077
Local Reg. No. 1705
Reg. Dist. No. 470

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

161

1. PLACE OF DEATH
a. COUNTY: Cassia 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): **
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): *******

3. NAME OF DECEASED (Type or Print)
a. (First): Calvin
b. (Middle): William
c. (Last): Manning

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: Dec. 24, 1966
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 5 Days 3; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY: None
11. BIRTHPLACE (State or foreign country): Casper, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME BIRTHPLACE: Charles Manning - Casper, Wyoming
14. MOTHER'S MAIDEN NAME BIRTHPLACE: Judy Miller - Independence, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Charles W. Manning ADDRESS: Heyburn, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9240

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crib death possible suffocation
INTERVAL BETWEEN ONSET AND DEATH: unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Heyburn Minidoka 340 Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 27, 1967 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR?: unknown

22. *I hereby certify that I attended the deceased from* Investigated the death of *, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L. Fillmore MD 583 Corner
23b. ADDRESS: Box 657 Burley Idaho
23c. DATE SIGNED: 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 29, 67
24c. NAME OF CEMETERY OR CREMATORY: Casper Cemetery
24d. LOCATION (City, town, or county) (State): Casper, Wyoming

DATE REC'D BY LOCAL REG.: June 5, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: J. Garth Sheppard
LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-3108

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2078
Local Reg. No. 1707
Reg. Dist. No. 470

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 160

a. COUNTY: Cassia 4-02

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Albion

c. LENGTH OF STAY (in this place): 2 hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. - Howell Canyon

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 031

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 629 Poole Street

3. NAME OF DECEASED (Type or Print)

a. (First): Joseph

b. (Middle): James 000

c. (Last): Bradish

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Mar. 28, 1967

9. AGE (In years last birthday): If under 1 year: Months 2, Days 3; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME / BIRTHPLACE: Joseph John Bradish - Burley, Idaho

14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Rae Jean Kossman - Burley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE / ADDRESS: Joseph J Bradish Pocatello, Ida

18. CAUSE OF DEATH 9240

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crib death, probable suffocation

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: unknown

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): at home

21c. (CITY, TOWN, OR TOWNSHIP) 160 (COUNTY) (STATE): Albion Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 30, 1967 a m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? unknown

22. *I hereby certify that I attended the deceased from* investigated the death of *, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at* 4 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie L Fillmore MD Carmer 583 4

23b. ADDRESS: Box 657 Burley Idaho

23c. DATE SIGNED: 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-2-1967

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 7 1967

REGISTRAR'S SIGNATURE: Beth H. Pearson

25. EMBALMER: Dwight Payne

LICENSE NO.: E-389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-3108

Certificate of Death

STATE OF IDAHO

State File No. 2079
Local Reg. No. 41
Reg. Dist. No. 210

RECEIVED Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Clearwater — MAY 16 1967 — 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino — LENGTH OF STAY (in this place): 44 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home — 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — 180 — b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino--rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ORA	CHARLES	PRICE		May	4	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married 3	Nov. 21, 1884	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck driver 37	Timber	Marion, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Reece R. Price	Wales	Rena Russell	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE, ADDRESS
no	518-03-8611	X Dan Price Weippe, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis - Coronary
DUE TO (c) Arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept., 1961, *to* 4 May, 1967, *that I last saw the deceased alive on* 4 May, 1967, *and that death occurred at* 8 00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
340 M.D.	Orofino, Idaho	5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 8, 1967	Weseman	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 9, 1967	June M. Powell	Lyle A. Stottmann	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
U.S. Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2080
Local Reg. No. 42
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 180

a. COUNTY: Clearwater

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ahsahka--rural

c. LENGTH OF STAY (in this place): unk.

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Elk Creek Area

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 180

b. COUNTY: Clearwater

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): EARLE

b. (Middle): GENE

c. (Last): GRAHAM

4. DATE OF DEATH (Month) May (Day) 5 (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 31, 1940

9. AGE (In years last birthday): 26 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 17

10b. KIND OF BUSINESS OR INDUSTRY: Timber

11. BIRTHPLACE (State or foreign country): Clarkston, Washington

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Clinton Graham — BIRTHPLACE: Asotin, Wash.

14. MOTHER'S MAIDEN NAME: Imogene Kramer — BIRTHPLACE: Asotin, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-42-0085

17. INFORMANT'S OWN SIGNATURE: X Clinton A. Graham — ADDRESS: Orofino

18. CAUSE OF DEATH 9108

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Extensive internal injuries — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Struck by falling log

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): woods 09

21c. (CITY, TOWN, OR TOWNSHIP) Ahsahka — (COUNTY) 180 Clearwater — (STATE) Idaho

21d. TIME OF INJURY (Month) May 5, (Day) 1967 (Year) 9:50 a.m. (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Struck by log falling from truck

22. *I hereby certify that I attended the deceased from* never, *19*___, *to* _____, *19*___, *that I last saw the deceased alive on* _____, *19*___, *and that death occurred at* 9:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 (Degree or title): Larry D. Wunderlich Coroner

23b. ADDRESS: Orofino, Idaho

23c. DATE SIGNED: May 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: May 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: L-C Memorial Gardens

24d. LOCATION (City, town, or county): Lewiston — (State): Idaho

DATE REC'D BY LOCAL REG.: May 9, 1967

REGISTRAR'S SIGNATURE: June M. Powell

25. EMBALMER: Lyl A. Strottmann

LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2081
Local Reg. No. 43
Reg. Dist. No. 210

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 3 yr 10 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North ~~595~~ 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 441
b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
d. STREET ADDRESS (If rural, give location): unknown

3. NAME OF DECEASED (Type or Print)
a. (First): FLORENCE
b. (Middle): A.
c. (Last): REASONER

4. DATE OF DEATH (Month) (Day) (Year): May 11 1967

5. SEX: Female
6. COLOR OR RACE: w
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: 9/11/92
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jess McCune — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Sophia Brice — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): –
16. SOCIAL SECURITY NO.: 518 62 3251
17. INFORMANT'S OWN SIGNATURE: Evelyn Olsen — ADDRESS: Records Orofino, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*
(a) Arteriosclerotic heart disease with ~~myocardial failure~~ — INTERVAL BETWEEN ONSET AND DEATH: Several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypostatic bilateral bronchopneumonia — One week
DUE TO (c) Generalized arteriosclerosis — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic brain syndrome associated with cerebral arteriosclerosis — 20 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 2, 1967, *to* May 11, 1967, *that I last saw the deceased alive on* May 11, 1967, *and that death occurred at* 5:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William M. Russell 595 M.D.
23b. ADDRESS: Box 672 Orofino, Idaho
23c. DATE SIGNED: May 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: May 15, 1967
REGISTRAR'S SIGNATURE: June M. Rowell
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2082
Local Reg. No. 45
Reg. Dist. No. 210

Certificate of Death

RECEIVED
MAY 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

180 3-05

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (In this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): EMMETT
b. (Middle): 083
c. (Last): HOOD

4. DATE OF DEATH (Month) (Day) (Year): May 11 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: June 12, 1920
9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woodsworker 17
10b. KIND OF BUSINESS OR INDUSTRY: Timber
11. BIRTHPLACE (State or foreign country): Ordway, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William G. Hood — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Anna Smith — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 524-12-4587
17. INFORMANT'S OWN SIGNATURE: Josephine K. Gilbert — ADDRESS: Orofino, Ida

7824

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio renal failure — INTERVAL BETWEEN ONSET AND DEATH: gradual

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Larry D. Wunderlich 583 Coroner 4
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: May 18 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jonach's Funeral Home
24d. LOCATION (City, town, or county): Ordway (State): Colorado

DATE REC'D BY LOCAL REG.: May 13, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2083
Local Reg. No. 44
Reg. Dist. No. 210

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY Clearwater 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location) Circle Drive Motel

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER
b. (Middle) O.
c. (Last) COLE

4. DATE OF DEATH (Month) May (Day) 12 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH April 7, 1922
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oklahoma
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Walter Cole — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) 1939-1945 4
16. SOCIAL SECURITY NO. 513-09-9589
17. INFORMANT'S OWN SIGNATURE Christine Plourde — Records — ADDRESS Orofino, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute alcohol intoxication — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Urinary shut-down (Anuria) — 24 hours
DUE TO (c) Diabetes mellitus — Many years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic alcoholism — Unknown

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1967, *to* May 12, 1967, *that I last saw the deceased alive on* May 12, 1967, *and that death occurred at* 4:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE 595 William M. Russell (Degree or title) M.D.
23b. ADDRESS Box 672 Orofino, Idaho
23c. DATE SIGNED May 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 13, 1967
24c. NAME OF CEMETERY OR CREMATORY De Vorss-Gard Mortuary
24d. LOCATION (City, town, or county) Wichita, (State) Kansas

DATE REC'D BY LOCAL REG. May 13, 1967
REGISTRAR'S SIGNATURE Josephine K. Gilbert
25. EMBALMER Lyle A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 26 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2084
Local Reg. No. 46
Reg. Dist. No. 210

RECEIVED MAY 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 10 Miles N. of Pierce, Ida.
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10 Miles N. of Pierce, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater 180
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pierce
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Lee c. (Last) Carter

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 17, 1935

9. AGE (In years last birthday): 31
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 17

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Moscow, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles N. Carter
BIRTHPLACE: Troy, Idaho

14. MOTHER'S MAIDEN NAME: Delma Carlson
BIRTHPLACE: Moscow, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-40-2976

17. INFORMANT'S OWN SIGNATURE: Barbara A. Carter
ADDRESS: Pierce, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severed carotid artery & Juglar Vein — INTERVAL BETWEEN ONSET AND DEATH: inst.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Gunshot wound
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): X
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home
21c. (CITY, TOWN, OR TOWNSHIP): Headquarters (COUNTY): 180 Clearwater (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 5-20-67 7:30p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: taking rifle out of his pickup, barrel towards him, it discharged

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:00 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Larry D. Wunderlich, Coroner
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: May 26, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: May 26, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER:
LICENSE NO.: 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 1 1967

JUL 23 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2085
Local Reg. No. 47
Reg. Dist. No. 210

RECEIVED JUN 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 1-07
b. CITY OR TOWN Orofino
c. LENGTH OF STAY (in this place) 11 years
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090 b. COUNTY Bonner
c. CITY OR TOWN Colburn
d. STREET ADDRESS (If rural, give location) Unknown

3. NAME OF DECEASED (Type or Print) a. (First) ELIZABETH b. (Middle) c. (Last) ROBESON

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 18, 1889
9. AGE (In years last birthday) 78 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bismark, North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Christy BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 518-60-9860
17. INFORMANT'S OWN SIGNATURE Records ADDRESS Christena Rounds Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia 491X — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mastectomy done May 24, 1967 Thyroid nodule removed May 24, 1967

19a. DATE OF OPERATION May 24, 1967
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 19 67, *to* May 28, 1967, *that I last saw the deceased alive on* May 28, 19 67, *and that death occurred at* 11:00 p m., *from the causes and on the date stated above.*

23a. SIGNATURE John D. Bodell (Degree or title) M.D.
23b. ADDRESS Box 672 Orofino, Idaho
23c. DATE SIGNED May 29, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. June 1, 1967
REGISTRAR'S SIGNATURE June M. Powell
25. EMBALMER Fyfe & Stockmen
LICENSE NO. 476
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2086
Local Reg. No. 48
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 180
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 8 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 207½ N. G. Street

3. NAME OF DECEASED (Type or Print)
a. (First): CLARINDA
b. (Middle): HANNA
c. (Last): CARTWRIGHT

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 27, 1876
9. AGE (In years last birthday): 91 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Ferry, Michigan
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel Potter — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Mary Crosby — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: x Oscar Cartwright — ADDRESS: Orofino

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Osteoarthritis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1964, *to* 5-28, 1967, *that I last saw the deceased alive on* 5-22, 1967, *and that death occurred at* 9:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 038
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 2 1967
24c. NAME OF CEMETERY OR CREMATORY: Wells Bench
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: June 5, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 19 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2087
Local Reg. No. 38
Reg. Dist. No. 380 391

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
d. STREET ADDRESS (If rural, give location) Glenns Ferry

3. NAME OF DECEASED (Type or Print)
a. (First) ROBERT
b. (Middle) MAURICE
c. (Last) ANDERSON

4. DATE OF DEATH (Month) May 3, (Day) 1967 (Year)

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married 1
8. DATE OF BIRTH Sept. 30, 1892
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY Livestock
11. BIRTHPLACE (State or foreign country) Duluth, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph N. Anderson — BIRTHPLACE Minnesota
14. MOTHER'S MAIDEN NAME Minnie Wall — BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes 1 — (If yes, give war or dates of service) World War 1 3
16. SOCIAL SECURITY NO. 519-20-1612
17. INFORMANT'S OWN SIGNATURE Isabel A. Bostick — ADDRESS Glenns Ferry

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

451X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rupture Abdominal Aneurysm — INTERVAL BETWEEN ONSET AND DEATH: Min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 3, 1967, *to* May 3, 1967, *that I last saw the deceased alive on* May 3, 1967, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Malone W. Foelsch 389 (Degree or title) MD
23b. ADDRESS Mountain Home Idaho
23c. DATE SIGNED May 12 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 5/5/67
24c. NAME OF CEMETERY OR CREMATORY Mtn. View Cemetery
24d. LOCATION (City, town, or county) Mountain Home, Idaho (State)

DATE REC'D BY LOCAL REG. June 6 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER H. Vail Humphrey
LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2088
Local Reg. No. 39
Reg. Dist. No. 380 391

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 306 Baker Drive

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 306 Baker Drive

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MICHAEL	RALPH	BARINGER	May 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	never married	Sept. 2, 1966		8	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant		Las Vegas, Nevada	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles C. Baringer	Washington	Carolyn Lee Christensen	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE.	ADDRESS
No		Mrs. Carolyn Baringer	Mt. Home, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE PNUEMONITIS — INTERVAL BETWEEN ONSET AND DEATH: Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Lowered reststance due to previous pnuemonia attack
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation only, 19__, to __, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* __ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith Coroner	Mountain Home, Idaho	5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/12/67	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 6 1967	[signature]	L. Verl Humphreys	E-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2089
Local Reg. No. 40
Reg. Dist. No. 380 391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 710 S. 3rd E.-A 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 710 S. 3rd E.-A

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DAWN	MICHELLE	MURPHY	May 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	Cau.	never married	Sept. 23, 1967	1				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02		Mississippi 280	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Lewis Turner	Mississippi	Clara Ann Murphy	Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		X Clara Ann Williams	Mt. Home

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c) 2nd and 3rd degree burns over 90% of body by scalding.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Accident	Home 01	Mountain Home, Elmore, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
May 15, 1967 5:45 PM	WHILE AT WORK ☐ NOT WHILE AT WORK ☒	Child left unattended after bath in kitchen sink.

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation *that I last saw the deceased alive on* _____, 19___ *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583	Coroner 4	Mountain Home, Idaho	5/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 19, 1967	Mountain View Cemetery	Mountain Home Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 6 1967	[signature]	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2090
Local Reg. No. 41
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 200
a. COUNTY Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF [illegible] (If outside place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) Bradford St.

3. NAME OF DECEASED (Type or Print)
a. (First) STEPHEN
b. (Middle) WATERS
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) May 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Sept. 5, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer- Supervisor 04
10b. KIND OF BUSINESS OR INDUSTRY: City Maintenance
11. BIRTHPLACE (State or foreign country): Salina, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: G. F. Waters — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Harriet Fisher — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-07-7264
17. INFORMANT'S OWN SIGNATURE: Lloyd S. Waters — ADDRESS: Mt. Home

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2043

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Petroleum Cell Leukemia — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1966, *to* May 28, 1967, *that I last saw the deceased alive on* May 28, 1967, *and that death occurred at* 5:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Malone W. Foster M.D. 289 (Degree or title)
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/1/67
24c. NAME OF CEMETERY OR CREMATORY: Mtn. View Cemetery
24d. LOCATION (City, town, or county) (State): Mountain Home, Idaho

DATE REC'D BY LOCAL REG.: June 6 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Arthur Smith
LICENSE NO.: E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2091
Local Reg. No. 13
Reg. Dist. No. 540

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Franklin 211 — b. CITY OR TOWN: Preston — c. LENGTH OF STAY (in this place): 2 yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 159 West 2nd North 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 211 — b. COUNTY: Franklin — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston — d. STREET ADDRESS (If rural, give location): 159 West 2nd North

3. NAME OF DECEASED (Type or Print): a. (First) Derrhold — b. (Middle) — c. (Last) McCoombs

4. DATE OF DEATH: (Month) (Day) (Year): May 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: October 16, 1897

9. AGE (In years last birthday): 69 yrs — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Maintance 01

10b. KIND OF BUSINESS OR INDUSTRY: Packing plant

11. BIRTHPLACE (State or foreign country): Clarkston, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peter B. McCoombs — BIRTHPLACE: Smithfield, Ut.

14. MOTHER'S MAIDEN NAME: Mary Ann Goodey — BIRTHPLACE: Clarkston, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Donna A McCoombs — ADDRESS: Beaverton, Wash.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Arteriosclerotic Heart Disease — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at 2:47 m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] MD (Degree or title) — 23b. ADDRESS: Preston Idaho — 23c. DATE SIGNED: May 9, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: May 6, 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Riverdale Cemetery — 24d. LOCATION (City, town, or county) (State): Riverdale, Idaho

DATE REC'D BY LOCAL REG.: 5-6-67 — REGISTRAR'S SIGNATURE: Effie W. Brouwer — 25. EMBALMER: Douglas S. Webb — LICENSE NO.: 488

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2092
Local Reg. No. 16
Reg. Dist. No. 540

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 211
a. COUNTY Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
c. LENGTH OF STAY (in this place) 37 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston,
d. STREET ADDRESS (If rural, give location) 26 North 1st West

3. NAME OF DECEASED (Type or Print)
a. (First) Nettie
b. (Middle) Luella
c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) May 4, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 14, 1884
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own home
11. BIRTHPLACE (State or foreign country) Richmond, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jens C. Johnson BIRTHPLACE Denmark
14. MOTHER'S MAIDEN NAME Maria Isaason BIRTHPLACE Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 30 6825
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS Valdez, Alaska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

154X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) adenocarcinoma of Rectum — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1945, to _____, 1967, that I last saw the deceased alive on 5/3, 1967, and that death occurred at 6 a m., from the causes and on the date stated above.*

23a. SIGNATURE 214 (Degree or title) Leo R. Hawkes M.D.
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY Richmond Cemetery
24d. LOCATION (City, town, or county) (State) Richmond, Utah

DATE REC'D BY LOCAL REG. 5-9-67
REGISTRAR'S SIGNATURE Eppie W. Brower
25. EMBALMER Douglas S. Webb [signature] LICENSE NO. 488

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2093
Local Reg. No. 17
Reg. Dist. No. 1 4 0

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA-Preston Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Franklin 210
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): MinkCreek
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Loren	Alva	Keller	May 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Mar. 26, 1912	55		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Equipment operater 08	Preston City	Mink Creek, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Urais Keller	Mantua, Utah	Irene Smith	Bennington, Bear Lake, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 10 7486	Donna Keller	Mink Creek, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Heart disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-16, 1967, *to* 5-16, 1967 *that I last saw the deceased alive on* 5-16, 1967, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. R. Cazier MD	Preston Idaho	5-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 18, 1967	Mink Creek	Mink Creek Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-18-67	Effie W. Brower	O. Sherwin Webb	316

FIRM NAME: Webb Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2094
Local Reg. No. 18
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Franklin — 211 — JUN 16 1967 — 1-77 — Bureau of Vital Statistics — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston — c. LENGTH OF STAY (in this place): 77 yrs — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): South of City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — 211 — b. COUNTY: Franklin — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston — d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	Leon	Beckstead	May 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	April 16, 1890	77 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Dairy Farmer 04	Agriculture	Preston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gordon S. Beckstead	Canada	Susanna Luckham	Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 01 9629	Lee Beckstead	Preston, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 14 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Gastric Ulcer, Clinically malignant 1 yr.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1953, *to* May 28, 1967, *that I last saw the deceased alive on* May, 1967, *and that death occurred at* a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leo R. Hawkes M.D. 214		May 29, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 31, 1967	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Eyre W. Brower	O. Sherwin Webb	~~252~~ 316

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Webb Funeral Home Preston, Idaho

Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record writer ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2095
Local Reg. No. 26
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO. 221

1. PLACE OF DEATH
a. COUNTY: Fremont 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY (in this place): 1 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 221
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
d. STREET ADDRESS (If rural, give location): 45 South 3rd East

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle): ARTHUR 082
c. (Last): DALLAS

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: Male
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 3, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Station Agent 10
10b. KIND OF BUSINESS OR INDUSTRY: UPRR Co.
11. BIRTHPLACE (State or foreign country): Morehiuse, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel M. Dalls — BIRTHPLACE: Fairfield, Illinois
14. MOTHER'S MAIDEN NAME: Mary E. Phegley — BIRTHPLACE: Randolph, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 712-05-1212
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Haemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension, malignant — 5 yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Albuminuria — 2 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 4 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): E. L. Soule MD 488
23b. ADDRESS: St. Anthony Idaho
23c. DATE SIGNED: 5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8 May 67
24c. NAME OF CEMETERY OR CREMATORY: Riverview Cemetery
24d. LOCATION (City, town, or county) (State): St. Anthony, RFD#2, Idaho

DATE REC'D BY LOCAL REG.: 11 May 67
REGISTRAR'S SIGNATURE: M. L. Hansen
25. EMBALMER: M. L. Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 1 2 1996

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2096
Local Reg. No. 27
Reg. Dist. No. 650

Certificate of Death

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

221

1. PLACE OF DEATH
a. COUNTY: Frempnt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony, Idaho
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 221
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
d. STREET ADDRESS (If rural, give location): 33 West 3rd North

3. NAME OF DECEASED (Type or Print)
a. (First): VERIA
b. (Middle): BROWN 082
c. (Last): FULLMER

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1967

5. SEX: Female
6. COLOR OR RACE: Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 29. 1934
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Parker, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Raymond Brown — BIRTHPLACE: Chester, Idaho
14. MOTHER'S MAIDEN NAME: Laura Tanner — BIRTHPLACE: Geat Falls, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: M. D. Hansen — ADDRESS: St. Anthony, Idaho

18. CAUSE OF DEATH 2040
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): PULMONARY EMBOLUS — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): PNEUMONIA + BED REST — 10 days
DUE TO (c): CHRONIC LYMPHATIC LEUCEMIA — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1-67, 19__, *to* 5-8-67, 19__, *that I last saw the deceased alive on* 5-8-67, 19__, *and that death occurred at* 1:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert R. Clark MD
23b. ADDRESS: St. Anthony Ida
23c. DATE SIGNED: 5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12 May 67
24c. NAME OF CEMETERY OR CREMATORY: Parker Cemetery
24d. LOCATION (City, town, or county) (State): Parker, Idaho

DATE REC'D BY LOCAL REG.: 20 May 67
REGISTRAR'S SIGNATURE: M. D. Hansen
25. EMBALMER: M. D. Hansen
LICENSE NO.: E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under it[illegible]henticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hosp[illegible]l records, the person authorized to release the facts shall sign HIS name in addition t[illegible] source of information.

2. THE FUNERAL DIRECTOR is responsible for com[illegible] entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in [illegible] the deceased.

3. THE REGISTRAR can issue a burial or removal [illegible] after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under [illegible]3a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor [illegible]

(a) Knowingly supply false information to any one [illegible]ed with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2097
Local Reg. No. 28
Reg. Dist. No. 631

BIRTH NO.

RECEIVED
JUN 1 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont 220
b. CITY OR TOWN: Ashton
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: His Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	DANIEL	WILLIAM	REIMANN	17 May 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	17 Oct. 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04	Farming	Greentimber, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gottfried Reimann	Germany	Katherine Kramer	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	———	519-36-5564	x Verda Reimann	Ashton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary occlusion 4201	Sudden
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Coronary heart disease Chronic	1 year
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Congestive heart failure	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* September 2, 1966 *to* 17 May, 1967, *that I last saw the deceased alive on* May 17, 1967, *and that death occurred at* 5 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
298		Ashton, Idaho	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	20 May 1967	Pineview Cemetery	Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
27 May 67	Mel Hansen	Robert G. Bean	E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 1 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 21 1984

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2098
Local Reg. No. 27
Reg. Dist. No. 651

BIRTH NO. 12-000

1. PLACE OF DEATH
a. COUNTY Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ashton Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ashton
d. STREET ADDRESS (If rural, give location) None Given

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	THOMAS	BOWMAN	HARGIS	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married	25 August 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Attorney	Law	Christiana, Tennessee	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas S. Hargis	Sweetwater, Tenn.	Martha Potts	Mannyunk, Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	518-42-7905	Mrs. Thomas Hargis	Ashton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Coronary heart disease, chronic	1 yr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic heart disease	1 yr.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Emphysema, severe Bronchitis, chronic	5 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan. *19*62, *to* 5-26- *19*67, *that I last saw the deceased alive on* 5-26- *19*67, *and that death occurred at* 7:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
298	Ashton, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	29 May 1967	Pineview Cemetery	Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
13 June 67		Robert V. Bean	E456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JAN 31 1997

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

R

Certificate of Death

STATE OF IDAHO

State File No. 2099
Local Reg. No. 32
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

231 3-21

1. PLACE OF DEATH
a. COUNTY: Gem
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF DAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): W. K. Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): ELLEN
c. (Last): COULTER

4. DATE OF DEATH (Month) (Day) (Year): May 4, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov. 8, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months 5, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Anoka, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Murphy — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Aleda Van Hofwogan — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-22-5240D
17. INFORMANT'S OWN SIGNATURE: Alida M. Thrall — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): HYPOSTATIC PNEUMONIA

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): FOLLOWING CEREBRO VASCULAR ACCIDENT c̄ HEMIPLEGIA
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: 4 DAYS — SINCE 4/15/67

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/15, 1967, *to* 5/4, 1967, *that I last saw the deceased alive on* 5/4, 1967, *and that death occurred at* 9 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD 429
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 5/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Parkview Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: May 10, 1967
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Walter F. Potter
LICENSE NO.: E-445

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

6a

Certificate of Death

STATE OF IDAHO

State File No. 2100
Local Reg. No. 33
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 906 East Locust

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	David	Houston	Robinson	May 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	March 30, 1884	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
fireman 05	merchant marine	Pike County, Indiana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unknown		Esther Ritchie	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		451 22 3713	Mrs. Phillip M. Jaye	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Arteriosclerotic heart disease	2 yrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arthritis, generalized	10 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* May 6, 1967, *that I last saw the deceased alive on* May 6, 1967, *and that death occurred at* 9:15 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.		5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	May 9, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 9, 1967	[signature]	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2101
Local Reg. No. 34
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 230
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ola
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Roy 085
c. (Last): Gill

4. DATE OF DEATH (Month) (Day) (Year): May 9, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: June 3, 1888
9. AGE (In years last birthday): 78 — If under 1 year: Months 11 Days 6 — If under 24 hrs.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): trapper 30
10b. KIND OF BUSINESS OR INDUSTRY: guide
11. BIRTHPLACE (State or foreign country): Ouray, Colorado
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James O. Gill — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: Betsy Mock — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-3803
17. INFORMANT'S OWN SIGNATURE: Ernest Homan — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ACUTE MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 1 Hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
PT HAD BEEN IN HOSP. FOR 3 WEEKS PREVIOUS WITH ACUTE MYOSITIS OF LUMBAR MUSCLES

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/22, 1967, *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 1 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ronald P. Rawlinson MD 429
23b. ADDRESS: Emmett Idaho
23c. DATE SIGNED: 5/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sweet
24d. LOCATION (City, town, or county) (State): Sweet, Idaho

DATE REC'D BY LOCAL REG.: May 10, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Id.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 25 1993

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2102
Local Reg. No. 35
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED MAY 25 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits or RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 24-03 / 19 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Knox Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 231
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. # 2, Box 367-A

3. NAME OF DECEASED (Type or Print): a. (First) Wilson; b. (Middle) Gardner 085; c. (Last) Stiers

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 19, 1923

9. AGE (In years last birthday): 44 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager 26

10b. KIND OF BUSINESS OR INDUSTRY: Banking

11. BIRTHPLACE (State or foreign country): Bluffton, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walter Stiers
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Ethel McGarvin
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 2

16. SOCIAL SECURITY NO.: 489-20-0220

17. INFORMANT'S OWN SIGNATURE: X Mrs Bobbie Stiers
ADDRESS

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 20, 1967, *to* May 20, 1967, *that I last saw the deceased alive on* May 20, 1967, *and that death occurred at* 6 45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Wm B. Jewell M.D. 260

23b. ADDRESS: 107 N. Comm., Emmett, Id 260

23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/23/1967

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: May 23, 1967

REGISTRAR'S SIGNATURE: Jean A Beatty

25. EMBALMER: Earl Waggoner

LICENSE NO.: E-422

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DEC 4 1967

JUN 10 2004

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2103
Local Reg. No. 36
Reg. Dist. No. 340-341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Box 364 Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William 000
c. (Last): Rice

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 married
8. DATE OF BIRTH: May 23, 1997
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 0 Days 7 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Cooper, Texas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Oscar Rice — BIRTHPLACE: Texas
14. MOTHER'S MAIDEN NAME: Leaha Price — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-1258
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: 313 East 45 1 bow. 13 o 1 S

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Peripheral vasc. disease — 2 yrs

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to 5-30, 1967, that I last saw the deceased alive on _____, 19__, and that death occurred at approx 1:30 a m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 184 (Degree or title)
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 2 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer

RECE Certificate of Death

STATE OF IDAHO

State File No. 2104
Local Reg. No. 2954
Reg. Dist. No. 420

BIRTH NO.

MAY 2 4 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 1141 Main St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 1141 Main Street

3. NAME OF DECEASED (Type or Print): a. (First) Ila b. (Middle) Dora 000 c. (Last) Bateman

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: October 6, 1896

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): South Jordan, Utah

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Henry Stocking
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Nancy Dora Despain
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 530-14-1168

17. INFORMANT'S OWN SIGNATURE: Leal D Bateman
ADDRESS: Shoshone Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4288

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 5 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* May, 1967 *to* 4 May, 1967, *that I last saw the deceased alive on* April, 1967, *and that death occurred at* 7 1/2 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 049 Bernard L Eddins MD

23b. ADDRESS: Gooding Idaho

23c. DATE SIGNED: 4 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-8-1967

24c. NAME OF CEMETERY OR CREMATORY: Shelley Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 5-20-67

REGISTRAR'S SIGNATURE: Roberta Meyer

25. EMBALMER: Roberta Meyer — LICENSE NO.: E-434

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2105
Local Reg. No. 2955
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: GOODING 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (in this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HIWAY ACCIDENT 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): RT.2.

3. NAME OF DECEASED (Type or Print): a. (First) RONALD b. (Middle) R c. (Last) ANDERSEN

4. DATE OF DEATH: (Month) MAY (Day) 9, (Year) 1967

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): NEVER MARRIED

8. DATE OF BIRTH: Nov. 13, 1941

9. AGE (In years last birthday): 25
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04

10b. KIND OF BUSINESS OR INDUSTRY: AGG.

11. BIRTHPLACE (State or foreign country): SUSANVILLE CALIF.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: LLOYD N. ANDERSEN
BIRTHPLACE: NEBR.

14. MOTHER'S MAIDEN NAME: ERMA EVANS
BIRTHPLACE: NEBR.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES
(If yes, give war or dates of service): VETNAM 8

16. SOCIAL SECURITY NO.: 518-50-7595

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Lloyd Niels Andersen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Broken neck — Interval between onset and death: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Internal injuries
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Highway
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 26
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Wendell 240 Gooding Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 9, 1967 8:15 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Highway accident - Junction Highway 4,6 & 25

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 8:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Mildred Callow 588 Justice of the Peace
23b. ADDRESS: Wendell Idaho
23c. DATE SIGNED: May 11, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/12/1967
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): GOODING CO. IDAHO

DATE REC'D BY LOCAL REG.: 5-27-67
REGISTRAR'S SIGNATURE: Robert E. Meyer
25. EMBALMER: J. Forest Weaver
LICENSE NO.: E 353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-602

Certificate of Death

STATE OF IDAHO

State File No. 2106
Local Reg. No. 2956
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: GOODING 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
c. LENGTH OF STAY (In this place): 4, MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): HOME 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): 264 NN, IDAHO.

3. NAME OF DECEASED (Type or Print): a. (First) DARCY b. (Middle) LYNN c. (Last) BALES

4. DATE OF DEATH (Month) (Day) (Year): MAY 10, 1967

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: JAN. 2, 1967
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 4 Days 8; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): NONE 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): JEROME
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: RONALD BALES BIRTHPLACE: OREGON
14. MOTHER'S MAIDEN NAME: GLENDA CARNES BIRTHPLACE: TEXAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NO
17. INFORMANT'S OWN SIGNATURE: Glenda Rae Bales ADDRESS: Wendell, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

522X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Edema, pulmonary, extensive — INTERVAL BETWEEN ONSET AND DEATH: minutes to hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) No anatomically apparent cause.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended~~ performed autopsy on the deceased ~~from~~ 5-10, 1967, to ~~_____, 19___~~, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 P.M. from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Birdsall N Carle, MD 079 Pathologist
23b. ADDRESS: Magic Valley Meml Hosp Twin Falls
23c. DATE SIGNED: 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5/12/1956
24c. NAME OF CEMETERY OR CREMATORY: WENDELL
24d. LOCATION (City, town, or county) (State): GOODING CO. IDAHO.

DATE REC'D BY LOCAL REG.: 6-8-67
REGISTRAR'S SIGNATURE: Kaleen S Meyer
25. EMBALMER: J Forrest Weaver
LICENSE NO.: E 353
FIRM NAME: Weaver mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Bodmer-

Certificate of Death

STATE OF IDAHO

State File No. 2107
Local Reg. No. 2959
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 217 Oregon St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 217 Oregon Street

3. NAME OF DECEASED (Type or Print) a. (First) Henry b. (Middle) Sherman 000 c. (Last) Coffman

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 2

8. DATE OF BIRTH May 29, 1880

9. AGE (In years last birthday) 87 | IF UNDER 1 YEAR Months | Days | IF UNDER 1 DAY Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Mountain Grove, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Coffman BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Rebecca Hopper BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-42-6277

17. INFORMANT'S OWN SIGNATURE Zella M Pace ADDRESS Gooding, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4207

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Instantaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1962 *to* May 30, 1967, *that I last saw the deceased alive on* 24 May, 1967, *and that death occurred at* 9:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Godmer MD 049 (Degree or title)

23b. ADDRESS Gooding Idaho

23c. DATE SIGNED June 6

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-2-1967

24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery

24d. LOCATION (City, town, or county) Gooding, Idaho (State)

DATE REC'D BY LOCAL REG. 6-12-67

REGISTRAR'S SIGNATURE Roberta Meyer Roberta Meyer

25. EMBALMER E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 11 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2108
Local Reg. No. 776
Reg. Dist. No. 244

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 1-16
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia | LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Edwin	Dvorak	May	1	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	white	S married	Nov. 16, 1916	50		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Auto & Tractor	Chicago Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles E. Dvorak	Unk	Dora Webb	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	293-05-2880	Mrs. Charles Dvorak	Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apocrine gland Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
May 1964	metastatic apocrine gland carcinoma	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* about, 1963, *to* 1 May, 1967, *that I last saw the deceased alive on* 21 Mar, 1967, *and that death occurred at* 6:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald Johnson 4/87	M.D	Grangeville, Idaho	8 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY ~~OR CREMATORY~~	24d. LOCATION (City, town, or county) (State)
Burial	May 4, 1967	Pine Grove	Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 9, 1967	Claude Trenary	Robert Johnson	E433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2109
Local Reg. No. 27
Reg. Dist. No. 240

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 250 MAY 1 6 1967 1-27
b. CITY OR TOWN: Riggins
c. LENGTH OF RESIDENCE (In this place): 27 years
d. FULL NAME OF HOSPITAL OR INSTITUTION: at home 000

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 250 Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Riggins
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) FLORA b. (Middle) M. c. (Last) TRIPLETT

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	Married 3	March 2, 1895	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Atlanta, Georgia
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Charles Stone — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Olivia Wood — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-42-2973
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Riggins, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease — 5 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1963, *to* April 1967, *that I last saw the deceased alive on* April 23, 1967, *and that death occurred at* 4:00 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wayne F. Walker	MD	McCall Idaho	5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1967	Riggins Cemetery	Riggins, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 12 1967	Irma Cone	Burton E. Walker	E-386

FIRM NAME: WALKER FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 26 2001

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2110
Local Reg. No. 23
Reg. Dist. No. 240

Certificate of Death

RECEIVED
MAY 24 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Idaho County Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location): 10 Mi S

3. NAME OF DECEASED (Type or Print)
a. (First): Vernon
b. (Middle): Clyde 276
c. (Last): Irelan

4. DATE OF DEATH (Month) May (Day) 7 (Year) 67

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): divorced 4
8. DATE OF BIRTH: July 3 1881
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Stock
11. BIRTHPLACE (State or foreign country): Chillicothe, Missouri
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: William L. Irelan — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Coretta Virginia Traumbow — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: L G Irelan — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart dis. — Several years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* 7 May, 1967, *that I last saw the deceased alive on* 6 May, 1967, *and that death occurred at* 4:40 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Donald Seltman 487 (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 8 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9 67
24c. NAME OF CEMETERY OR CREMATORY: Community
24d. LOCATION (City, town, or county): Cottonwood (State): Idaho

DATE REC'D BY LOCAL REG.: May 19 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Clifford Alkhorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2111
Local Reg. No. 6
Reg. Dist. No. 242

RECEIVED JUN 9 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 5-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (in this place): 15 Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Marys Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Slatecreek
d. STREET ADDRESS (If rural, give location): Whitebird (Rural Slatecreek)

3. NAME OF DECEASED (Type or Print)
a. (First): Mamie
b. (Middle): Agnes
c. (Last): Robie

4. DATE OF DEATH (Month) (Day) (Year): May 8, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug 30, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranch Owner 04
10b. KIND OF BUSINESS OR INDUSTRY: Cattle
11. BIRTHPLACE (State or foreign country): Walla Walla, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sam Large — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Purcell — BIRTHPLACE: Ireland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 44 3751
17. INFORMANT'S OWN SIGNATURE: Ronald Mahurin RH — ADDRESS: Whitebird, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4330

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Stokes Adams Syndrome Heart Stops — INTERVAL BETWEEN ONSET AND DEATH: 5 MIN.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): ASCVD c̄ C.H.F. — 40 yrs.
DUE TO (c): Age. CVA. in last year

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* May 8, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* 1:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Greenwood 189 MD
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 8-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 11, 1967
24c. NAME OF CEMETERY OR CREMATORY: Whitebird
24d. LOCATION (City, town, or county) (State): Whitebird, Idaho

DATE REC'D BY LOCAL REG.: May 15, 1967
REGISTRAR'S SIGNATURE: Wesley F. Orr MD by M.
25. EMBALMER: Robert R. Hansen — LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician Several attacks of heart stoppage in the last 2 weeks — the final day she had 3 the last one being final.

W Greenwood MD

State File No. 2112
Local Reg. No. 778
Reg. Dist. No. 244

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 25 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 92.1 Miles East on Hiway US 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): c/o Lochsa Log Cabin Motel

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): James 000
c. (Last): Hardy

4. DATE OF DEATH (Month) (Day) (Year): May 16 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 married
8. DATE OF BIRTH: Oct. 19, 1914
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Equip. operator 17
10b. KIND OF BUSINESS OR INDUSTRY: Logging & Const.
11. BIRTHPLACE (State or foreign country): Frederick Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Newland Ezra Hardy — BIRTHPLACE: Salina Kansas
14. MOTHER'S MAIDEN NAME: Ida Hattie Hilbert — BIRTHPLACE: New Braunsfel, Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4 8254
16. SOCIAL SECURITY NO.: 518-01-4280
17. INFORMANT'S OWN SIGNATURE: Wayne C. Fish — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Head injuries incompatible ō life (prob. instant death ō evulsion of brain out L. temp.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: oral lac. & Fx.).
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Yes.
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Lolo Pass 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 16, 67, 11:A m.
21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* never saw *to* pt. before *that I last saw the deceased alive on* To my knowledge *and that death occurred at* 11:A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton L. Weltse M.D. 621
23b. ADDRESS: Grangeville Idaho
23c. DATE SIGNED: 19 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 20 1967
24c. NAME OF CEMETERY OR CREMATORY: Pine Grove
24d. LOCATION (City, town, or county) (State): Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG.: May 24 1967
REGISTRAR'S SIGNATURE: Claude Trenary
25. EMBALMER: Robert R Hansen — LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Trenary Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 26 1967

MAY 31 1967

JUN 8 1967

FEB 6 1968

MAY 6 1968

AUG 5 1970

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2113
Local Reg. No. 7
Reg. Dist. No. 242

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 25 — JUN 9 1967 — 3-14
b. CITY OR TOWN: Cottonwood
c. LENGTH OF (in this place): one weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah Rural
d. STREET ADDRESS (If rural, give location): Box 124

3. NAME OF DECEASED (Type or Print): a. (First) ALFRED b. (Middle) FRANKLIN c. (Last) PATTAN

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	3 Married	Jan 11, 1901	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woodsworker 17	Lumber	Mills Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George F. Pattan	Galesburg, Ill	Stell Shaw	Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519 10 3962	Mrs Alfred F Pattan	Kamiah, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute anteroseptal myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — 7-8 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 3, 1967, *to* May 17, 1967, *that I last saw the deceased alive on* May 17, 1967, *and that death occurred at* 9:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W F Orr MD 399	Cottonwood, Idaho	May 18, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/22/67	Kamiah, Idaho	Kamiah, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 22 1967	Nancy J. Orr Myers	Robert R. Hansen	E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2114
Local Reg. No. 28
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUN 21 1967 Vital Statistics Bureau

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
LENGTH OF STAY (in this place): 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Hill Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho 250
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Greencreek rural
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Bernard; b. (Middle) 331; c. (Last) Wensman

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 67

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: June 6 1889

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Stock & Grain

11. BIRTHPLACE (State or foreign country): Freeport, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U S

13. FATHER'S NAME: Melchor Wensman
BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Agnes Wiechman
BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I 1918-19

16. SOCIAL SECURITY NO.: 519 42 34 38

17. INFORMANT'S OWN SIGNATURE: H. F. Wensman
ADDRESS: Cottonwood, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: Timed

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* May 24, 1967, *and that death occurred at* 11 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm Wensman 373 MD (Degree or title)

23b. ADDRESS: Grangeville, Id.

23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 26 67

24c. NAME OF CEMETERY OR CREMATORY: Catholic

24d. LOCATION (City, town, or county) (State): Greencreek, Idaho

DATE REC'D BY LOCAL REG.: June 15 1967

REGISTRAR'S SIGNATURE: Irma Cone

25. EMBALMER: Curtis A. Uhlorn

LICENSE NO.: E 421

FIRM NAME: Uhlorn Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 15 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 7 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2115
Local Reg. No. 24
Reg. Dist. No. 240

RECEIVED JUN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 — 3-14
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville — LENGTH OF STAY in this place: 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park Hill Manor 331

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 258 — b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Elizabeth — b. (Middle) Louisa — c. (Last) Pixley

4. DATE OF DEATH: (Month) May (Day) 31 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: July 16, 1884

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Wife - Mother

10b. KIND OF BUSINESS OR INDUSTRY: Farm Home

11. BIRTHPLACE (State or foreign country): Ellendale, North Dakota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Deschamps — BIRTHPLACE: Montreal, Canada

14. MOTHER'S MAIDEN NAME: Margaret Tardiff — BIRTHPLACE: Belleville, Ontario, Can.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Howard M. Pixley — ADDRESS: Stites Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH: 2 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Congestive Heart Failure — 2 week

DUE TO (c) Cerebral Vascular accident — 2 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 15, 1967, *to* May 31, 1967, *that I last saw the deceased alive on* May 31, 1967, *and that death occurred at* 2:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Wm C Morrison 373 (Degree or title) M D

23b. ADDRESS: Grangeville, Id.

23c. DATE SIGNED: June 3, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 8, 1967

24c. NAME OF CEMETERY OR CREMATORY: Tahoe

24d. LOCATION (City, town, or county) (State): Kooskia Idaho Idaho

DATE REC'D BY LOCAL REG.: June 5 1967

REGISTRAR'S SIGNATURE: Lina Cone

25. EMBALMER: Robert Hansen

LICENSE NO.: E433

FIRM NAME: Trenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2116
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 13 1967 Bureau of Vital Statistics

1. PLACE OF DEATH 250 000
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Mary's Hospital 093

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cottonwood
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Felix
b. (Middle):
c. (Last): Martzen

4. DATE OF DEATH (Month) (Day) (Year): May 31 67

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: April 6 1875
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate & Insurance 24
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Merscheid, Luxembourg
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Peter Martzen — BIRTHPLACE: Luxembourg
14. MOTHER'S MAIDEN NAME: Clara Eises — BIRTHPLACE: Luxembourg

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 50 1755A
17. INFORMANT'S OWN SIGNATURE: Arthur Martzen — ADDRESS

18. CAUSE OF DEATH 5021
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Central Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 8 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Chronic Bronchitis + Pneumonitis — 6 months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Generalized Arteriosclerosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October 15, 1966, *to* May 31, 1967, *that I last saw the deceased alive on* May 31, 1967, *and that death occurred at* 6:15 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): K. Hollens 100 MD
23b. ADDRESS: Craigmont Idaho
23c. DATE SIGNED: 6-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3 1967
24c. NAME OF CEMETERY OR CREMATORY: Catholic
24d. LOCATION (City, town, or county) (State): Cottonwood, Idaho

DATE REC'D BY LOCAL REG.: June 9, 1967
REGISTRAR'S SIGNATURE: Wesley F. Orr MD - by m
25. EMBALMER: Clifford Uhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2117
Local Reg. No. 991
Reg. Dist. No. 440

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 603 4th. Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) DAVID b. (Middle) JAMES 099 c. (Last) MILNE

4. DATE OF DEATH (Month) (Day) (Year): May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Aug. 12, 1898	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Section Foreman 70	Railroad	Campana, Argentina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Milne	Scotland	Euphemia Grendison	Scotland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	707 18 3834	× Ethel E. Milne	Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 5 Hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Incarc-Femoral Hernia — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Severe obstructive Emphysema Chronic Bronchitis — long 10 yrs. Fatigue

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
4-30-67	Obstruction Lower ileum - Marked distension Small inte	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-29, 1967, *to* 5-2, 1967, *that I last saw the deceased alive on* 5-2, 1967, *and that death occurred at* 11:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Reuben C. Matson	M.D.	Jerome Idaho	5-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 8, 1967	Louella M. Scherer	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 26 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2118
Local Reg. No. 990
Reg. Dist. No. 440

RECEIVED MAY 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Hazelton
d. STREET ADDRESS (If rural, give location): Hazelton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JACK	OPAL	SMITH	May 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	married 2	June 1, 1913	53				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Farm	Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Smith	Arkansas	Myrtle Ives	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-0-	429-20-2555	Ruby Smith	Hazelton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 162.1 Bronchial C A with metastis of the brain — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) and abdomen

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-24-67 *to* 5-3-67, 19___, *that I last saw the deceased alive on* 5-3, 1967, *and that death occurred at* 1:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. Luke 331	M.D.	P. O. Box 126, Hazelton, Idaho	5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1967	Sunset Memorial Park	Twin Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 8 1967	Louella M. Schurer		E-343

FIRM NAME: WHITE MORTUARY, TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 1 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2119
Local Reg. No. 993
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270 b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 413 7th. Ave. East

3. NAME OF DECEASED (Type or Print): a. (First) EARL b. (Middle) 099 HICKS c. (Last) SHEPPEARD

4. DATE OF DEATH (Month) (Day) (Year): May 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: Sept. 20, 1892
9. AGE (In years last birthday): 74 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Red Oak, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arch Sheppeard BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Cora Irvin BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 22 2297
17. INFORMANT'S OWN SIGNATURE: X Mrs Earl Sheppeard ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes mellitus
DUE TO (c) Uremia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-28-, 1961, *to* 5-5-, 1967, *that I last saw the deceased alive on* 5-5-, 1967, *and that death occurred at* 7:05 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 4576 Maurice E. Scheel MD
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: May 9 1967
REGISTRAR'S SIGNATURE: Louella M. Scheer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2120
Local Reg. No. 992
Reg. Dist. No. 440

BIRTH NO.

RECEIVED MAY 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jerome 270 000
b. CITY OR TOWN: Jerome
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 270 Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hazelton (rural)
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print): a. (First) MARGARET b. (Middle) GENEVA 099 c. (Last) HOHNHORST

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Married
8. DATE OF BIRTH: May 13, 1896
9. AGE (In years last birthday): 70 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Marysville, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Newton T. Adams — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Anna L. Brown — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-44-2006B
17. INFORMANT'S OWN SIGNATURE: X Henry B. Chavez — ADDRESS: Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1992

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of either right kidney or liver — INTERVAL BETWEEN ONSET AND DEATH: 6-12 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes, diverticulosis — Years

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19___, *to* 5/6/67, 19___, *that I last saw the deceased alive on* 5/6/67, 19___, *and that death occurred at* 11:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Hurst (Degree or title) M.D.
23b. ADDRESS: Jerome, Idaho
23c. DATE SIGNED: 5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: May 9, 1967
REGISTRAR'S SIGNATURE: Louella M. Dekeyer
25. EMBALMER: W. L. Hove
LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 2 4 1967

FEB 0 6 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2121
Local Reg. No. 994
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN Jerome 000
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN Jerome (rural)
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) 099 c. (Last) JANES
4. DATE OF DEATH (Month) (Day) (Year) May 8, 1967
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 2 Widowed
8. DATE OF BIRTH Oct. 7, 1880
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Wesley, Texas
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Vincent Janes BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown BIRTHPLACE Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 42 1460
17. INFORMANT'S OWN SIGNATURE X Wilma Mobley ADDRESS Jerome, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4280

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease — yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — yrs

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ____, 19__ to 8 May, 1967, that I last saw the deceased alive on 8 May, 1967 and that death occurred at 9:20 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 385
23b. ADDRESS Jerome
23c. DATE SIGNED 13 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Buhl Cemetery
24d. LOCATION (City, town, or county) Buhl, Idaho (State)

DATE REC'D BY LOCAL REG. May 15, 1967
REGISTRAR'S SIGNATURE Loweva M. Deherer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2122
Local Reg. No. 995
Reg. Dist. No. 440

Certificate of Death

RECEIVED MAY 19 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedict's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding, Idaho.
d. STREET ADDRESS (If rural, give location): 741 Idaho Street

3. NAME OF DECEASED (Type or Print)
a. (First): Juana
b. (Middle): Ventura 099
c. (Last): Ybarguen

4. DATE OF DEATH (Month) (Day) (Year): May 13 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: Dec. 27, 1887
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Epistar, Viscaya, Spain.
12. CITIZEN OF WHAT COUNTRY?: U. S. A/

13. FATHER'S NAME: Ignacia Espitarte — BIRTHPLACE: Viscaya Province Spain.
14. MOTHER'S MAIDEN NAME: Juana Alabarria — BIRTHPLACE: Viscaya Province Spain.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X John Ybarguen — ADDRESS: Gooding, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5871

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Intestinal Obstruction — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Diverticulitis — unknown
DUE TO (c): Chr. Pancreatitis - severe — unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus - Mod. — unknown

19a. DATE OF OPERATION: 5/12/67
19b. MAJOR FINDINGS OF OPERATION: Obstruction of Recto sigmoid colon
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/10, 1967, *to* death, 19__, *that I last saw the deceased alive on* 5/13, 1967, *and that death occurred at* 11P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold F. Holsinger MD 240 (Degree or title)
23b. ADDRESS: Wendell, Idaho
23c. DATE SIGNED: 5-15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery
24d. LOCATION (City, town, or county) (State): Buhl Twinfalls Co. Idaho.

DATE REC'D BY LOCAL REG.: May 17, 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: Fabens L. Meyer — LICENSE NO. C-424
FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 9 1977

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 0 9 2002

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2123
Local Reg. No. 92
Reg. Dist. No. 120

BIRTH NO.

MAY 1 6 1967
Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Kootenai 28 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 28 b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

d. STREET ADDRESS (If rural, give location): 805 E. Garden Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Jacob	William 110	Baker	May	1,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	3 Married	June 16, 1884	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Distrist Mgr. 69	Gen. Telephone Co.	Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Baker	Penn.	Unobtainable	--------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE (Mrs.)	ADDRESS
No	None	533-012-424	Mrs. Ruby P. Baker	Coeur d'Alene, Ida

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 15 min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Diabetes, gen. debility

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-9, 1967 *to* 5-1, 1967, *that I last saw the deceased alive on* 5-1, 1967, *and that death occurred at* 7:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Frank Barclay	M.D.	Coeur d'Alene	5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-4-67	Forest Cemetery	Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 4 1967	Lorraine K. Brush	Bill Duff	E-439

FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 17 1967

MAY 6 1968

AUG 21 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2124
Local Reg. No. 93
Reg. Dist. No. 120

BIRTH NO.

RECEIVED STATE OF IDAHO

281 MAY 1 6 1967 3-05

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur D'Alene
c. LENGTH OF STAY (In this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pinehurst
d. STREET ADDRESS (If rural, give location): 730 A. Street

3. NAME OF DECEASED (Type or Print): a. (First) OTIS; b. (Middle) DEWEY; c. (Last) BRADSHAW

4. DATE OF DEATH: (Month) May (Day) 3, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Jan. 20, 1898

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Gateman

10b. KIND OF BUSINESS OR INDUSTRY: Mining

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: J. Bradshaw
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Dela Moore
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): W.W. I

16. SOCIAL SECURITY NO. 518-05-4584

17. INFORMANT'S OWN SIGNATURE: Mrs. Pearl Bradshaw
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cor Pulmonale.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 10-7-60, 19__, to present, 19__, that I last saw the deceased alive on 5-3-67, 19__, and that death occurred at 4:30 A m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: 816 Sherman
23c. DATE SIGNED: 5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Gardens
24d. LOCATION (City, town, or county) (State): Pinehurst, Idaho

DATE REC'D BY LOCAL REG.: May 8, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Donald Maisel
LICENSE NO. E452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2125
Local Reg. No. 94
Reg. Dist. No. 120

BIRTH NO.

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Inform, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place): 16 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt # 2 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Rt # 2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Thomas	Henry	Tow	May	7	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	3 Married	10-21-1886	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Self	Canada	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Melton Tow	England	Rachel Mason	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	517 10 7449	Mrs. Cora Tow	CdA. Rt #2 Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 8:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood M.D. Coroner	Coeur d'Alene Idaho	5-9-'67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10.67	Restlawn	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 11, 1967	Lorraine K. Brush	Gilbert Yates	E-385

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2126
Local Reg. No. 95
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY KOOTENAI 280 MAY 29 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give [illegible] place) RURAL-7mi.E-Pernah Lake
c. LENGTH OF [illegible]
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE CALIF. 05
b. COUNTY 555 BUTTE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) CHICO
d. STREET ADDRESS (If rural, give location) 281-E-19th, St.

3. NAME OF DECEASED (Type or Print)
a. (First) LOUIS
b. (Middle) IRVIN
c. (Last) SHIELDS JR.

4. DATE OF DEATH (Month) (Day) (Year) MAY 7, 1967

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH MAY 30, 1935
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR: Months 11, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) California
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Louis I. Shields — BIRTHPLACE California
14. MOTHER'S MAIDEN NAME Louise Kolbus — BIRTHPLACE Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1950 6
16. SOCIAL SECURITY NO. 568-38-0267
17. INFORMANT'S OWN SIGNATURE Wife: Joan Shields — ADDRESS Chico, Calif.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8234

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accidental traumatism by auto — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) accident
DUE TO (c) Probable Drowning. — "

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 280 Kootenai (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Car rolled off road over Bank

22. *I hereby certify that I attended the deceased from* Did not, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) William T. Wood, M.D. Coroner 583 572
23b. ADDRESS Coeur d'alene, Idaho
23c. DATE SIGNED 5-9-'67

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL-Burial
24b. DATE 3 5-11-67
24c. NAME OF CEMETERY OR CREMATORY Glen Oaks Memorial Park
24d. LOCATION (City, town, or county) (State) CHICO, CALIF.

DATE REC'D BY LOCAL REG. May 18, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Riplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel

...formant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 12 1991

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2127
Local Reg. No. 160
Reg. Dist. No. 120

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 118 S. 4th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 501 First Street

3. NAME OF DECEASED (Type or Print)
a. (First) Frances
b. (Middle) L.
c. (Last) Brunell

4. DATE OF DEATH (Month) (Day) (Year) May 9, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 21, 1910
9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles A. Hedberg — BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Mary G. Harrington — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-50-5660
17. INFORMANT'S OWN SIGNATURE X John Brunell — ADDRESS Coeur d'Alene, Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

983X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) asphyxiation — INTERVAL BETWEEN ONSET AND DEATH Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Strangulation — Immediate
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Tavern 22
21c. (CITY, TOWN, OR TOWNSHIP) 281 (COUNTY) Coeur d'alene Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Was strangled in back of her Tavern.

22. *I hereby certify that I attended the deceased from* Did not *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE 583 ~~572~~ (Degree or title) William T. Wood, M.D. Coroner 4
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-12-1967
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. May 26, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Riplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene,

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 13 1967
AUG 25 2010

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2128
Local Reg. No. 99
Reg. Dist. No. 12

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 580
b. CITY OR TOWN: Harrison
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Rt. 2 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280 b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
David	Emmett	Hayworth	May 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	2 Married	Dec. 8, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter 21		Rawlins, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	520-07-9113	K Minnie P. Hayworth	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Cardiovascular Renal Disease — Several years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-14, 1967, *to* 5-14, 1967, *that I last saw the deceased alive on* 5-14, 1967, *and that death occurred at about* 2:00 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson, M.D. 414	Wallace, Idaho	5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-17-67	Nine Mile Cemetey	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 25 1967	Lorraine K. Brush	Dale L. Cornell	E 406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 9

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 15 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2129
Local Reg. No. 103
Reg. Dist. No. 120

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY IN (this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Keith; b. (Middle) Virgil 110; c. (Last) Nearpass

4. DATE OF DEATH: (Month) May (Day) 17, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1 Never Married

8. DATE OF BIRTH: Aug. 18, 1964

9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gregory Nearpass — BIRTHPLACE: California

14. MOTHER'S MAIDEN NAME: Donna Runyon — BIRTHPLACE: South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: X Mrs Gregory Nearpass — ADDRESS: Ida Coeur d'Alen

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4681

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute massive mesenteric lymph — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) adenitis & peritonitis & ileus — 10 da.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-9-67, 5-16-67

19b. MAJOR FINDINGS OF OPERATION: Mesenteric adenitis 2. peritonitis + ileus

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-1, 1967, *to* 5-17, 1967, *that I last saw the deceased alive on* 5-17, 1967, *and that death occurred at* 10 20 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ronald Barclay (Degree or title) M.D.

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-20-1967

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: May 26, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Bell Huff — LICENSE NO.: E-439

FIRM NAME: English Chpael, coeur d'Alene

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2130
Local Reg. No. 96
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 Coeur d' Alene Ave.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 106 Coeur d' Alene, Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Karl b. (Middle) Earl 000 c. (Last) Earnest

4. DATE OF DEATH: (Month) May (Day) 18, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced

8. DATE OF BIRTH: 4-30-1914

9. AGE (In years last birthday): 53 IF UNDER 1 YEAR Months: 0 Days: 18 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chef. 01

10b. KIND OF BUSINESS OR INDUSTRY: N.Shore Lodge.

11. BIRTHPLACE (State or foreign country): Washington

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Earl Earnest BIRTHPLACE: So. Dakota

14. MOTHER'S MAIDEN NAME: Allena Baker BIRTHPLACE: Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 518-01-546

17. INFORMANT'S OWN SIGNATURE: X Kay E Stephenson ADDRESS: 2201 Ed'A Ave. Idaho Coeur d'Alene

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Angina Pectoris — 1 year
DUE TO (c) Arteriosclerosis, coronary arteries — 10 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4/1, 1966, *to* 5/18, 1967, *that I last saw the deceased alive on* 5/4, 1967, *and that death occurred at* 12:00 midnight *m., from the causes and on the date stated above.*

23a. SIGNATURE H. Don Moseley, M.D. (Degree or title): H. Don Moseley, M.D.
23b. ADDRESS: 421 Coeur d'Alene Ave. 375 Coeur d Alene, Idaho
23c. DATE SIGNED: 5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: May 25, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Huff LICENSE NO.: E-439

FIRM NAME: English Chapel-Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 10 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2131
Local Reg. No. 98
Reg. Dist. No. 120

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 1
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Philip
b. (Middle): I.
c. (Last): Montang

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 10-17-1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 25
10b. KIND OF BUSINESS OR INDUSTRY: Store
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Philip J. Montang — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Regina I. Gaine — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 517-09-4147
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: 1464 San Luis Mt. View Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: 8 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma — Rt. lung
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

163X

19a. DATE OF OPERATION: 0
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 5/17, 1967 *to* 5/20, 1967, *that I last saw the deceased alive on* 5/20, 1967, *and that death occurred at* 10:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.
23b. ADDRESS: 511 CDA Ave. Coeur d'Alene, Idaho 313
23c. DATE SIGNED: 5/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-23-1967
24c. NAME OF CEMETERY OR CREMATORY: St. Thomas Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: May 25, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Neff
LICENSE NO.: E-439
FIRM NAME: English Chapel-Coeur d' Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 13 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 10 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2132
Local Reg. No. 107
Reg. Dist. No. 120

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Kootenai 280 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 304 Montgomery 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Post Falls
d. STREET ADDRESS (If rural, give location): 304 Montgomery

3. NAME OF DECEASED (Type or Print): a. (First) Ida; b. (Middle) Belle; c. (Last) Joseph

4. DATE OF DEATH: (Month) May (Day) 25 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 1-21-1877

9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 81

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Halfway, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Reuben M. Hurt — BIRTHPLACE: Tennessee

14. MOTHER'S MAIDEN NAME: Parlee Brown — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 4222

17. INFORMANT'S OWN SIGNATURE: X Winifred L. Blonske — ADDRESS: Post Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June, 1947 *to* May 25, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 11:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Rex Stevenson, M.D. 225
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: May 31, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-29-1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Athol, Idaho

DATE REC'D BY LOCAL REG.: June 2, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Neff
LICENSE NO.: E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Sanitorium

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2133
Local Reg. No. 187
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
c. LENGTH OF STAY (in this place): 12 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): At Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spirit Lake
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Charles		Hall	May 27 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
M	W	3 Married	10-27-1900	66		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Truck Driver 27		Syria	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Hall	Syria	Ruth Star	Syria

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
None	None	518-03-4460	Mrs. Marie Hall	Spirit Lake Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Common Duct — INTERVAL BETWEEN ONSET AND DEATH: 5-28-65 - 527-67

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
3-15-67	Obstruction common duct d to Tumor	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Oct. 1964 *to* May 27, 1967, *that I last saw the deceased alive on* May 26 1967, *and that death occurred at* 4:05 m., *from the causes and on the date stated above.*

23a. SIGNATURE	622 (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen M. Lanham	MD	Hayden Lake Idaho	6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-29-67	Greenwood	Spirit Lake Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12, 1967	Lorraine K. Brush	Fred Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Carbon Copy

Certificate of Death

STATE OF IDAHO

State File No. 2134
Local Reg. No. 109
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUN 19 1967 Vital Statistics 3-11

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K M Hosp 110

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28 1
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1713 Sherman Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Eleanor	Mary	Pavlak	5	28	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	3 Married	12-9-1901	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House wife 01	Own Home	New Salem Ore	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Lamb	U.S.A.	Rose Herman	U.S.A.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519 44 0606	Mr. Theodore Pavlak	CdA. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4341 Acute Resp. Failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) amphysema
DUE TO (c) Congestive heart failure

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-28-65, 19 65, *to* 5-17, 19 67, *that I last saw the deceased alive on* 5-16, 19 67, *and that death occurred at* 4:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. H. Erickson 4658 MD	Hayden Lake Idaho	6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-31-67	Forest	Coeur d'Alene Ida

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12, 1967	Lorraine K. Brush	Fred Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 28 1979

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2135
Local Reg. No. 102
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Kootenai 281 000
b. CITY OR TOWN (If outside corporate limits, write RURAL) Coeur d'Alene (Township) LENGTH OF STAY (If this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 621 Lunceford Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 281 b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 621 Lunceford Ave

3. NAME OF DECEASED (Type or Print): a. (First) George b. (Middle) Bendict c. (Last) Maehren

4. DATE OF DEATH: (Month) 5 (Day) 28 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: 3-16-1898
9. AGE (In years last birthday): 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Bemidji Minn
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): W.W. 1 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Mattie Maehren ADDRESS: CdA. Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: William T. Wood, M.D. (Degree or title) Coroner 583
23b. ADDRESS: Coeur d'alene, Idaho
23c. DATE SIGNED: 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-31-67
24c. NAME OF CEMETERY OR CREMATORY: Forest
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: June 2, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Fred Noland LICENSE NO. E 493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 31 1967

SEP 9 1992

SEP 07 1995

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2136
Local Reg. No. 104
Reg. Dist. No. 120

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: KOOTENAI 28 | 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): COEUR-D'ALENE
DURATION OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): K. M. Hosp | 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO | 011
b. COUNTY: ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
d. STREET ADDRESS (If rural, give location): 6420 RANDOLPH DRIVE

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HOWARD	O.	PICKETT	MAY 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
MALE	WHITE	3 MARRIED	DEC. 13, 1902	64		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
IDAHO SUPERVISOR	SEGRAMS CO.	IDAHO	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
OLIVER PICKETT	NO RECORD	ELIZABETH NO RECORD	NO RECORD

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	534 10 9989	Mrs. Howard Pickett	BOISE,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Unknown — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. History of Heart Disease.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William T. Wood, M.D. 583 Coroner	Coeur d'alene, Idaho	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
REMOVAL 3	5-30-67	DRY CREEK CEMETERY	BOISE, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 2, 1967	Lorraine K. Brush	Fred Noland	E-493

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 27 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

MAY 16 1967

Bureau of Vital Statistics

State File No. 2137
Local Reg. No. 58
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 — 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY in this place: 20 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 326 So. Asbury

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Latah 291
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 326 So. Asbury

3. NAME OF DECEASED (Type or Print): a. (First) Zouave — b. (Middle) Levi — c. (Last) Randleman

4. DATE OF DEATH: (Month) May — (Day) 2, — (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Sept. 22, 1908

9. AGE (In years last birthday): 58 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Butcher 21

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Midvale, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Curtis W. Randleman — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Cora Keithly — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 533-03-1286

17. INFORMANT'S OWN SIGNATURE: Paul Michael Randleman — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c) Senile Hypertensive vascular disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Obesity

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-17, 1948 *to* May 2, 1967, *that I last saw the deceased alive on* 4-11, 1967, *and that death occurred at* 0154 m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title) — **23b. ADDRESS**: Moscow Idaho — **23c. DATE SIGNED**: 5-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 5, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Moscow Cemetery — **24d. LOCATION** (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: May 10, 1967 — REGISTRAR'S SIGNATURE: Patricia L. Kappen — **25. EMBALMER**: Donald Ward — LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2138
Local Reg. No. 59
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAY 16 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-15
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 416 West 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Persel
b. (Middle): Lee
c. (Last): Askins

4. DATE OF DEATH (Month) May (Day) 6 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 married
8. DATE OF BIRTH: July 13, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Janitor 01
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Colfax, Wash
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Freeman Askins — BIRTHPLACE: Ill.
14. MOTHER'S MAIDEN NAME: Eva Lee — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 533-10-4024
17. INFORMANT'S OWN SIGNATURE: Mrs Avis L. Askins — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1530 Generalized Metastatic Lymphosarcoma, from right colon — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Mal nutrition, Cardiac & respiratory failure — 2 Months

19a. DATE OF OPERATION: 12-30-66
19b. MAJOR FINDINGS OF OPERATION: Lymphosarcoma, right colon
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-8-, 1962, *to* 5-6-, 1967, *that I last saw the deceased alive on* 5-6-, 1967, *and that death occurred at* 4:35 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph H. Wilson MD 567 (Degree or title)
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Gardens
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: May 12, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

APR 18 1968

NOV 30 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2139
Local Reg. No. 60
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 2 Yrs. 8Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) Rt. 1 Mos

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Agnes	B.	Smith	May 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 9, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Rome, New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Judson Bessee	New York	Ellen Williams	New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-32-9271	Roger C Smith	Moscow, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Found dead in bed
DUE TO (c) Arteriosclerosis, 4+

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, myocardial heart disease.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 2:P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Lodi 310 MD	Box 402, Moscow, Idaho	5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Patricia L. Kappen	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2140
Local Reg. No. 61
Reg. Dist. No. 200

BIRTH NO.

291 3-01

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wash. 48
b. COUNTY: 533 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Latah
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARGARET	JANE	GOODNOUGH	May 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	2 Widowed	10-8-1884	82		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 61	Own Home	Parry Sound, Ontario Canada	Canada

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Oliver Everingham	Ontario, Canada	Mary Van Couchnett	Hastings, Ontario

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		536-52-0768	O B Goodnough	Latah, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension, arteriosclerosis — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 9:10 AM, *from the causes and on the date stated above.*

23a. SIGNATURE		23b. ADDRESS	23c. DATE SIGNED
[signature]	310 (Degree or title)	Box 402, Moscow, Idaho	5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-13-1967	Albion Cemetery	Albion, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Patricia L. Kappen	[signature]	E 269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 23 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2141
Local Reg. No. 62
Reg. Dist. No. 200

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
LENGTH OF STAY (in this place) 6 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spirit Lake
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Christine
b. (Middle) Marie 329
c. (Last) Welling

4. DATE OF DEATH (Month) (Day) (Year) May 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 31, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Central City, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Paulsen	Denmark	Karen Wraa	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518032271 D	Dale L Welling	Spokane, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Complications of old age / 350X — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Parkinson's disease; Rheumatoid arthritis — many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11-18-, 1966, *to* 5-11, 1967, *that I last saw the deceased alive on* 5-16, 1967, *and that death occurred at* 2:45A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Leslie P. Youngs 580	M.D.	Troy Clinic, Troy, Idaho	5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15, 1967	Forest Cemetery	Coeur d Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Patricia L. Kappen	Howard Ward	E-80

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2142 63
Local Reg. No.
Reg. Dist. No. 200

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Potlatch
d. STREET ADDRESS (If rural, give location): 935 Pine

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MOSES	LORN	BERRY	May 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	5-14-1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Wheat Farm	Latah County, Idaho	U. S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin M. Berry	Ky.	Missouri Ann Wilson	S. Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-56-0574	Mrs. Stanley Gregory	Princeton Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) (L) Cerebro Vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) arteriosclerotic Cardiovascular & Peripheral Vascular Disease — unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-6, 1967, *to* 5/11, 1967, *that I last saw the deceased alive on* 5-11, 1967, *and that death occurred at* 3:10 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Norma A. Bergenthal M.D.	225 6th St. Potlatch Ida.	5/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-15-1967	Fraternal Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Patricia L. Kappen	[signature]	E 269

FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2143
Local Reg. No. 64
Reg. Dist. No. 200

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: LATAH
b. CITY OR TOWN: MOSCOW
c. LENGTH OF STAY (In this place): 23 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION: LATAH NURSING HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: WASHINGTON
b. COUNTY: WHITMAN
c. CITY OR TOWN: PULLMAN
d. STREET ADDRESS (If rural, give location): 1708 "A" STREET

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
JAMES	LONZO	DeVORE	MAY	16	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
MALE	WHITE	NEVER MARRIED	JUNE 14, 1871	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER	FARMING	CARROLL COUNTY, MISSOURI	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
SILAS DeVORE	KNOX CO. OHIO	FETNEY J. WALSTON	PIKE CO. ILL.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		535-44-2247	Joseph A Street	PULLMAN, WASH.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Arteriosclerotic Heart Disease with Failure — INTERVAL BETWEEN ONSET AND DEATH: 8 years

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypostatic Pneumonia — 2 days

DUE TO (c) — 4 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Chronic Prostatitis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	Generalized Carcinomatosis	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-16-65 *to* 5-16-67, *that I last saw the deceased alive on* 5-9-67, *and that death occurred at* 6:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carey R. Wilson MD	Moscow Idaho	5-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
ENTOMBMENT	May 18, 1967	GREENWOOD MAUSOLEUM	SPOKANE, WASHINGTON

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 18, 1967	Patricia L. Kappen	Dale E Kimball	259

FIRM NAME: KIMBALL FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2144
Local Reg. No. 65
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics 3-01

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy, Idaho
d. STREET ADDRESS (If rural, give location): Little Bear Ridge

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles	Eli	Harris	May	16	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	single	Sept 19, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04		Moscow, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Eli Harris	Illinois	Elizabeth Green	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I	518-24-7489	Ruth B. Huff	Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic carcinoma 1993 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
None		None

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
None m.		None

22. *I hereby certify that I attended the deceased from* April 17, 1967, *to* May 16, 1967, *that I last saw the deceased alive on* May 16, 1967, *and that death occurred at* 11:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward L. Boas MD 788	Professional Building Moscow	5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 18, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 23, 1967	Patricia L. Kappen	Donald Ward	E-80

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 4 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 16 1971

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2145
Local Reg. No. 66
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): Terrace Gardens #15

3. NAME OF DECEASED (Type or Print): a. (First) Zoe; b. (Middle) Carolyn; c. (Last) Hall

4. DATE OF DEATH: (Month) May (Day) 16 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Jan 29, 1916

9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Austin, Tex.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Homer Price — BIRTHPLACE: Texas

14. MOTHER'S MAIDEN NAME: May LaPrelle — BIRTHPLACE: Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 461-16-0600

17. INFORMANT'S OWN SIGNATURE: Curtis A. Hall — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

6000

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) hypertension — ?

DUE TO (c) chronic pyelonephritis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 15 May, 1967, *to* 16 May, 1967, *that I last saw the deceased alive on* 16 May, 1967, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 057

23b. ADDRESS: Moscow, Idaho

23c. DATE SIGNED: 19 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 19, 1967

24c. NAME OF CEMETERY OR CREMATORY: Moscow Catholic Cem.

24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 23 May 1967

REGISTRAR'S SIGNATURE: Patricia L. Kappen

25. EMBALMER: Vernard Ward — LICENSE NO.: E-80

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2146
Local Reg. No. 67
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gritman Hospital 12

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Wash 48
b. COUNTY 5.55 Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
d. STREET ADDRESS (If rural, give location) 1 Miles South of Palouse

3. NAME OF DECEASED (Type or Print) a. (First) ANNIE b. (Middle) LEONA c. (Last) MEINIG

4. DATE OF DEATH (Month) (Day) (Year) May 19, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 10-1-1893
9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Watertown, Minnesota
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME H. A. Malsed BIRTHPLACE Virginia
14. MOTHER'S MAIDEN NAME Hattie Parker BIRTHPLACE New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 531-16-3541B
17. INFORMANT'S OWN SIGNATURE W a Meinig ADDRESS Palouse, Washington

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1798 Cancer of Breast — INTERVAL BETWEEN ONSET AND DEATH 15 years ago

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Heart Failure — 1 week

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 12:03 P m., *from the causes and on the date stated above.*

23a. SIGNATURE Edsel N Dimm MD (Degree or title) 149
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-22-1967
24c. NAME OF CEMETERY OR CREMATORY Fraternal Cemetery
24d. LOCATION (City, town, or county) (State) Palouse, Washington

DATE REC'D BY LOCAL REG. May 25, 1967
REGISTRAR'S SIGNATURE Patricia L. Kappen
25. EMBALMER A E Kimball
LICENSE NO. E 269

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Kimball Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2147
Local Reg. No. 68
Reg. Dist. No. 200

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Latah 29 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290 b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bovill
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Fred b. (Middle) C. c. (Last) Gunderson

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: May 14, 1884

9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): woodsman 17

10b. KIND OF BUSINESS OR INDUSTRY: Lumber

11. BIRTHPLACE (State or foreign country): Oslo, Norway

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-03-3332A

17. INFORMANT'S OWN SIGNATURE: X C. Chester Morgan — ADDRESS: Bovill, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 18

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 19 May 1967 *to* 20 May 1967 *that I last saw the deceased alive on* 20 May 1967, *and that death occurred at* 6:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Rutledge M.D. 057
23b. ADDRESS: Moscow Idaho
23c. DATE SIGNED: 23 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: May 25, 1967
REGISTRAR'S SIGNATURE: Patricia L. Kappen
25. EMBALMER: Donald Ward — **LICENSE NO.**: E-380
FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 5 1967 Vital Statistics

State File No. 2148
Local Reg. No. 71 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 1-20
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 20 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 312 West A. St. 001

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 312 West A. St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Alex	R.	Osterberg	May	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	married 3	Sept 22, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	Wheat	Deary, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Osterberg	Sweden	Alma Johnson	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	519-26-6174	X Howard A Osterberg	Lewiston, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 4 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diabetes Mellitus — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May, 1963, *to* May 24, 1967, *that I last saw the deceased alive on* May 24, 1967, *and that death occurred at* 6:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W O Adams, MD 101	Moscow, Idaho	5/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 29, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Patricia Kapper by Wayne R Heiskari, Deputy	Donald Ward	E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

MAY 8 1968

SEP 17 1968

FEB 28 1969

MAY 4 1971

FEB 8 1978

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2149
Local Reg. No. 72
Reg. Dist. No. 200

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Latah 29 1-02
b. CITY OR TOWN Moscow
c. LENGTH OF STAY (in this place) 2 yr. 4mns.
d. FULL NAME OF HOSPITAL OR INSTITUTION Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN Troy
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Jesse b. (Middle) Pearle c. (Last) Benjamin

4. DATE OF DEATH (Month) May (Day) 26 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 20, 1882
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) General Labor 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Dunlap, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Daniel Benjamin BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Nancy Lyons BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-05-5885
17. INFORMANT'S OWN SIGNATURE X Mrs. Leroy Gilbert ADDRESS Troy, Idaho

4200

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disabilities of old age — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD, Emphysema
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-12, 1967 *to* 5-26, 1967, *that I last saw the deceased alive on* 5-26, 1967, *and that death occurred at* 9:50 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Leslie B Nyquist 580 (Degree or title) M.D.
23b. ADDRESS Troy Clinic, Troy, Idaho
23c. DATE SIGNED 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 31, 1967
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Garden
24d. LOCATION (City, town, or county) Moscow (State) Idaho

DATE REC'D BY LOCAL REG. 6-9-67
REGISTRAR'S SIGNATURE Patricia L. Kapper By Dorothy Hitchcock, Deputy
25. EMBALMER Donald Ward LICENSE NO. E-380
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2150
Local Reg. No. 70
Reg. Dist. No. 200

RECEIVED JUN 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 290 1-24
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
c. LENGTH OF STAY (in this place) 26 Yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Julia	W.	Jean	May 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 18, 1879	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Sweden	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Fred W Siefkes	Juliaetta, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1168 Shock — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Second + Third Degree Burns, Extensive — Minutes

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
XX	Home 01	Juliaetta	Latah 290	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
May 28, 1967 — 7 Am.		Grease in frying pan caught on fire & clothing started burning

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Brooks MD	583 Coronet	Moscow Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 31, 1967	Southwick Cemetery	Southwick Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-2-67	Patricia L. Kopsa by Wayne R. Wilkins, County.	Donald Ward	E-80

FIRM NAME: Shant's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

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PENALTIES: Under the Idaho law, it is a misdemeanor to

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(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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ADDITIONAL REMARKS by Physician.....

State File No. 2151
Local Reg. No. 73
Reg. Dist. No. 200

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 3-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Deary
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Amunda
b. (Middle): Marie
c. (Last): Hanson

4. DATE OF DEATH (Month) (Day) (Year): May 30 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Aug 2, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Peder Olsen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Anna Amundsen — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-36-4886 D
17. INFORMANT'S OWN SIGNATURE: x William Hanson — ADDRESS: Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Senility — —
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: — —

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-2, 1934, *to* 5-30, 1967, *that I last saw the deceased alive on* 5-30, 1967, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Earl N Dunn MD 149
23b. ADDRESS: Moscow Idah
23c. DATE SIGNED: 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Zion Lutheran Cemetery
24d. LOCATION (City, town, or county) (State): Deary Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Patricia L Kappen by Mayne K Hrickori, Deputy
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2152
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

300 JUN 12 1967 000

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township in this place): near Leadore
c. LENGTH OF STAY (If not in hospital or institution, give street address or location):
d. FULL NAME OF HOSPITAL OR INSTITUTION: airplane accident 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1920 Broadmoor

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): A.
c. (Last): Lesh

4. DATE OF DEATH (Month) March (Day) 28 (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: June 27, 1923
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Job corp. coordinator
10b. KIND OF BUSINESS OR INDUSTRY: Ida. State Employ.
11. BIRTHPLACE (State or foreign country): Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Harold Albert Lesh 08 — BIRTHPLACE: Marshalltown, Iowa
14. MOTHER'S MAIDEN NAME: Frances Worthington Miller — BIRTHPLACE: Denver, Colo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 519-12-0520
17. INFORMANT'S OWN SIGNATURE: X Alta A. Lesh — ADDRESS: 1920 Broadmoor Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple traumatic injuries — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) airplane crash
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 16
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Autopsy *to* only *, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Hiler E Thomas MD 528 (Degree or title)
23b. ADDRESS: 506 No. 5th Boise Ida
23c. DATE SIGNED: 6/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county): Weiser (State): Idaho

DATE REC'D BY LOCAL REG.: June 7-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

JUN 14 1967

JUN 16 1967

FEB 16 1968

MAR 17 1976

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2153
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Worthing Creek near
LENGTH OF STAY (in this place): 0
d. FULL NAME OF HOSPITAL OR INSTITUTION: Lone Pine 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1214 No 16th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Lewis	Bryan	Holt	March 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	Am. Indian	Married	Feb. 26, 1910	57	1	2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Minority Group Aid	Ida. Dept. Employment	Ashakah, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Irvin Holyt 08	Unknown	Lucy Corbett	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-03-9475	Helen M. Holt	1214 N16

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cranial fracture and multiple — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) compound fractures of lower
DUE TO (c) extremities and internal

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. injuries

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	plane crash	Worthing Creek	300 Lemhi	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
Mar. 28, 1967 - 5:15 P.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	plane crash

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Delbert Jones 583 (Degree or title) Coroner 4	Salmon, Idaho	5-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	5-28-67		Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 7-1967	Viola E. Johnson	Delbert Jones	E369

FIRM NAME: Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967

JUN 14 1967

JUN 15 1967

APR 1 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to make the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

*STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 2 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2154
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 1-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 6 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300 b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Casabello Estate

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Edward c. (Last) Smith

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed 2	Aug. 15, 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farming (Lawyer in early life)
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Frenchtown, Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lewis Smith 04 — **BIRTHPLACE**: unknown
14. MOTHER'S MAIDEN NAME: Mary Finkbone — **BIRTHPLACE**: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-36-3647-A
17. INFORMANT'S OWN SIGNATURE: Francis L. Smith — **ADDRESS**: Mackay

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Generalized Arteriosclerosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-18, 1965, *to* 4-12, 1967, *that I last saw the deceased alive on* 4-12, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 263 (Degree or title): MD
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 5-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 4-14-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: May 29-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — **LICENSE NO.**: E369
FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-62021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2155
Local Reg. No. 690
Reg. Dist. No.

RECEIVED
JUN 2 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 1-42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 42 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Casabello Estate 272

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Yane
b. (Middle):
c. (Last): Demick

4. DATE OF DEATH (Month) (Day) (Year): April 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 15, 1889
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ave home 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Glina Yugoslavia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Nick Ostovich — BIRTHPLACE: Yugoslavia
14. MOTHER'S MAIDEN NAME: Yoka — BIRTHPLACE: Yugoslavia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-46-0415
17. INFORMANT'S OWN SIGNATURE: Nick Demick — ADDRESS: Salmon, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Arterio sclerotic — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebro Vascular — 5 years
DUE TO (c) disease c̄ Cerebral Hemorrhage — 5 min.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19 1964 _____, 19 1967 *that I last saw the deceased alive on* April 25 1967 *and that death occurred at* 6A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 045 — **23b. ADDRESS**: Salmon Idaho — **23c. DATE SIGNED**: 5-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-2-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: May 29-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C Jones — LICENSE NO. E369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2156
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 1-40
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Harry
b. (Middle): Elmer
c. (Last): Briggs

4. DATE OF DEATH (Month) (Day) (Year): May 3, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 14, 1893
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): West Liberty, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carlos H. Briggs — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Mattie Beatty — BIRTHPLACE: IOwa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 518-20-4434
17. INFORMANT'S OWN SIGNATURE: Gertrude E. Briggs — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 17 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-14, 1967, *to* 5-3, 1967, *that I last saw the deceased alive on* 5-3-67, 19__, *and that death occurred at* 4:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy M. Sinclair MD 474
23b. ADDRESS: Salmon Ida
23c. DATE SIGNED: 5-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-6-67
24c. NAME OF CEMETERY OR CREMATORY: Salmon, Idaho
24d. LOCATION (City, town, or county) (State): Salmon, Idaho

DATE REC'D BY LOCAL REG.: May 11th 67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert C. Jones — LICENSE NO. E 369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 17 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 2 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2157
Local Reg. No. 690
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 6 1967 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lemhi 300 1-51
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
LENGTH OF STAY (in this place): 51 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Water Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300 b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): Water Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	TOLBERT	(nmn)	BARTL	May	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 12, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer, retired	Farm & Mining	North Fork, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jeremiah Bartl 04	No record	Angelic Ashley	Dewey, Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-03-4538	William G. Bartl	Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 4281

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary artery disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Carcinoma / Prostate

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July, 1962, *to* May 20, 1967, *that I last saw the deceased alive on* 3-13-, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	263 M. D.	Salmon, Idaho	6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 24, 1967	Gibbonsville Cemetery	Gibbonsville, Lemhi, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 5-67	Viola E. Johnson	Albert C. Jones	E 369

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Jones Funeral Home

JUN 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2158
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 21 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lewis 310 5-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
c. LENGTH OF STAY (in this place): Mints
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): Orofino Rural Rt.

3. NAME OF DECEASED (Type or Print)
a. (First): HELEN
b. (Middle):
c. (Last): MAXWELL

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 married
8. DATE OF BIRTH: Feb 6, 1924
9. AGE (In years last birthday): 43 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Restreant Operator
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Ulen, Minnesota
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ben Frank 22 — BIRTHPLACE: Morgan Minn.
14. MOTHER'S MAIDEN NAME: Theresa G Hirtrieter — BIRTHPLACE: Butternut, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539 16 4823
17. INFORMANT'S OWN SIGNATURE: X [signature] — ADDRESS: Orofino, (Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8234

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drounding — INTERVAL BETWEEN ONSET AND DEATH: None

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Auto. Accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 18
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 6 Mi. W. of Kamiah,
21c. (CITY, TOWN, OR TOWNSHIP) 310 (COUNTY) (STATE): Idaho Kamiah, Lewis Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 15, 1967 Unkn 0
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Automobile Accident-Ran in River

22. *I hereby certify that I attended the deceased from* Approx _____, 19__, *to* May 15, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 2:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 4 (Degree or title): Justice of the Peace Acting Corner
23b. ADDRESS: P. O. Box 847 Kamiah, Ida.
23c. DATE SIGNED: 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/19/67
24c. NAME OF CEMETERY OR CREMATORY: Kamiah
24d. LOCATION (City, town, or county) (State): Kamiah, Idaho

DATE REC'D BY LOCAL REG.: 6/12/67
REGISTRAR'S SIGNATURE: X [signature] dep
25. EMBALMER: Robert Hansen [signature]
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2159
Local Reg. No. 645
Reg. Dist. No. 430

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Lincoln 320 — JUN 14 1967 — Bureau of Vital Statistics 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Shoshone
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Woodriver Conval. Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016 b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
d. STREET ADDRESS (If rural, give location): 4th Ave. south

3. NAME OF DECEASED (Type or Print): a. (First) FLETCHER b. (Middle) W. c. (Last) ROARK

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Jan. 9, 1885

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): laborer

10b. KIND OF BUSINESS OR INDUSTRY: Occ

11. BIRTHPLACE (State or foreign country): Unknwon

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519 16 0573

17. INFORMANT'S OWN SIGNATURE — ADDRESS: from records at hosp.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 Days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Generalized arteriosclerosis — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION: 5-18-67

19b. MAJOR FINDINGS OF OPERATION: Arteriosclerosis with pyuria

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY Ooccur?

22. *I hereby certify that I attended the deceased from* 4-11 19 67 *to* 5-30 19 67 *that I last saw the deceased alive on* 5-30 19 67 *and that death occurred at* 11:57 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 386

23b. ADDRESS: Box P Shoshone Idaho

23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 5, 1967

24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemeyery

24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: 6-13-67

REGISTRAR'S SIGNATURE: Francis M. Bergin

25. EMBALMER: Keith Bird

LICENSE NO.: E 373

FIRM NAME: Bird Funeral Home, Hailey, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 18 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2160
Local Reg. No. 18
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 331 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idahomt Hotel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Madison- Idaho b. COUNTY 331 Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) 44 South 2nd East

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MACK	NEWELL	WINTERS	May 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	3 Married	March 26, 1919	48				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		Chester, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur A. Winters	Mt. Pleasant, Utah	Matilda M. Howard	Wilford, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 4	519-30-6332	Mary B. Winters	St. Anthony, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Alcoholism — INTERVAL BETWEEN ONSET AND DEATH: 20 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Myocarditis
DUE TO (c) Malnutrition

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Chr. Bronchitis, and Emphysema & Bronchiectasis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	none	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from Oct 51, 1953 to May 1, 1967, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:15P m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.L. Rigby 442	MD	Rexburg, Idaho	4 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5 May 67	Wilford Cemetery	St. Anthony, RFD#1, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-13-67	Lena J. Flamm	M.L. Hansen	E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

MAY 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2161
Local Reg. No. 20
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 1-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
LENGTH OF STAY (in this place): 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Texas Slough 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330 b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Thornton
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) BRENT b. (Middle) OTTO c. (Last) ANDERSON

4. DATE OF DEATH: (Month) May (Day) 7, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 11, 1964
9. AGE (In years last birthday): 2 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Barrent O. Anderson — BIRTHPLACE: Thornton, Ida.
14. MOTHER'S MAIDEN NAME: Shirley Delaney — BIRTHPLACE: Darby, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Barrent Anderson — ADDRESS: Thornton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 330
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accidental
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): canal 8
21c. (CITY, TOWN, OR TOWNSHIP) Thornton 13 (COUNTY) 330 Madison (STATE) Idaho

21d. TIME OF INJURY (Month) May (Day) 7, (Year) 1967 (Hour) 3:00 PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Fell into canal

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic No. E-404 Rigby, Idaho. on May 7, 1967

ADDITIONAL REMARKS by Physician

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2162 19
Local Reg. No. 19
Reg. Dist. No. 6 30

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 33 MAY 18 1967 000
b. CITY OR TOWN: Rexburg
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 33
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): 275 W. Main

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Cecil	Ross	Fullmer		May	8,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	Cauc.	2 Married	Feb. 20, 1895	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 29		Mapleton, Utah	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel David Fullmer	Salt Lake City, Utah	Roxie Jane Kendall	Springville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-10-3054	* Mary Fisher	Rexburg, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cardiac Arrest 525X	none
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary Edema	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10- , 1964, *to* 5-8 , 1967, *that I last saw the deceased alive on* 4-19 , 1967, *and that death occurred at* 8 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ref D. Maley 317 MD	Rexburg Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/11, 1967	Rexburg Cemetery	Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-11-67	Lona Flamm	Russell Flamm	E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 7 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2163
Local Reg. No. 21
Reg. Dist. No. 630

RECEIVED JUN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City, RFD#1
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220 b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Teton City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
EDWARD	ROSS	HARRIES	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Caucasian	3 Married	22 July 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter and Painter	Self	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry H. Harris	Salt Lake City, Utah	Harriet Laird	Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II	518-10-9629	Clara Harries	Teton City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 27, 1967, *to* May 27, 1967, *that I last saw the deceased alive on* May 27th, 19__, *and that death occurred at* 8:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward Reese MD 409	Rexburg Idaho	6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	31 May 67	Teton-Newdale Cemetery	Sugar City, RFD#1, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-9-67	Leona Flamm	M. L. Hansen	E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 19 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2164
Local Reg. No. 22
Reg. Dist. No. 630

RECEIVED JUN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 3-06
b. CITY OR TOWN: Rexburg
LENGTH OF STAY (in this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Madison Memorial Hosp 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101 b. COUNTY: Bonneville
c. CITY OR TOWN: Idaho Falls, Idaho
d. STREET ADDRESS (If rural, give location): 460 "A" Street

3. NAME OF DECEASED (Type or Print): a. (First) ARVILLE b. (Middle) "R" c. (Last) SMITH

4. DATE OF DEATH: (Month) May (Day) 31, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 Divorced
8. DATE OF BIRTH: March 20, 1908
9. AGE (In years last birthday): 59 IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Union, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph R. Smith. BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Eliza Ann Maxfield. BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): X
16. SOCIAL SECURITY NO.: 519-10-2458
17. INFORMANT'S OWN SIGNATURE: Larry K. Smith ADDRESS: Ririe, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple Rib Fractures — 1 week
DUE TO (c) Hemothorax — 1 week

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 5-27-67
19b. MAJOR FINDINGS OF OPERATION: Fluid chest - Hemothorax
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm 02
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 260 Fenn Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 23 1967 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur: Horse fell on him.

22. I hereby certify that I attended the deceased from May 25, 1967 to May 31, 1967, that I last saw the deceased alive on May 30, 1967, and that death occurred at 3:30A m., from the causes and on the date stated above.

23a. SIGNATURE: D D Hansen 233 (Degree or title) M. D.
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Central
24d. LOCATION (City, town, or county) (State): Grant, Jefferson, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. FUNERAL DIRECTOR: Bruce A. Eckersell ADDRESS: Rigby, Idaho
Eckersell Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DPH-48021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E404 at Rigby on 31 MAY 67

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2165
Local Reg. No. 40
Reg. Dist. No. 430

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics 2-07

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) Seven weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) Routel

3. NAME OF DECEASED (Type or Print) a. (First) Frances b. (Middle) Elizabeth c. (Last) Goan

4. DATE OF DEATH (Month) (Day) (Year) April 26 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Mar 9 1878	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Huston Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Henry — BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Susan Lawson — BIRTHPLACE Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Mrs Lewis Richardson — ADDRESS Heyburn Id

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) General debility of age.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* _____, 19____, *that I last saw the deceased alive on* April 26, 1967, *and that death occurred at* 3 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE 740 W. W. Crawford, M.D. (Degree or title)
23b. ADDRESS Rupert, Idaho
23c. DATE SIGNED May 4, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 1 1967
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) (State) Paul Idaho

DATE REC'D BY LOCAL REG. 5-26-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk — LICENSE NO. E294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as 'unknown' only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 6 1975

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2166
Local Reg. No. 39
Reg. Dist. No. 450

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 MAY 16 1967 1-81
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (In this place): 11 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kathryns Rest Home 319

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 161
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1336 Albion Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Al b. (Middle) Farmer c. (Last) Majors
4. DATE OF DEATH (Month) May (Day) 7, (Year) 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 26, 1876
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months 6, Days 11 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Shoe Repairman 21
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Winfield, Kansas
12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME: William Riley Majors, BIRTHPLACE: Winfield Kansas
14. MOTHER'S MAIDEN NAME: Nancy Jane Bradley, BIRTHPLACE: Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. 518-36-7254
17. INFORMANT'S OWN SIGNATURE: Wm. H. Majors ADDRESS: 1426 Normal

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 5 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-22-66 *19*__, *to* 5-7-67, *19*__, *that I last saw the deceased alive on* 5-6-67, *19*__, *and that death occurred at* 8:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Eugene H. Schinger 239 M.D. (Degree or title)
23b. ADDRESS: Burley, Idaho
23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: May 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 5-12-67
REGISTRAR'S SIGNATURE: Mary Ellen Carlson
25. EMBALMER: Ormond F Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2167
Local Reg. No. 44
Reg. Dist. No. 40

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) at home-1015 5th street

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 1015 5th street

3. NAME OF DECEASED (Type or Print)
a. (First) Levi b. (Middle) Steve 000 c. (Last) Ramero

4. DATE OF DEATH (Month) (Day) (Year) May 9 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	Spanish	never married	Sept 14 1966		7			

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) child 03-02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Ogden Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE
14. MOTHER'S MAIDEN NAME Frances Ramero BIRTHPLACE Del Norte Colorado

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE & Frances Romero ADDRESS Rupert Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Accidental self strangulation — head caught in end rails of crib — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home
21c. (CITY, TOWN, OR TOWNSHIP) Rupert (COUNTY) 340 Minidoka County (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 9 1967 7A.M.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk 583 (Degree or title) Coroner 4
23b. ADDRESS 710 6th street Rupert Idaho
23c. DATE SIGNED MAY 13 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 14 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 5-26-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2168
Local Reg. No. 43
Reg. Dist. No. 410

BIRTH NO.

MAY 31 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 5 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): Route 1 Rupert

3. NAME OF DECEASED (Type or Print)
a. (First): Willard
b. (Middle): 125
c. (Last): Wright

4. DATE OF DEATH: May 10 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 2 1908

9. AGE (In years last birthday): 58
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Brown Branch Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wm Franklin Wright
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Mollie Jennings
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none

16. SOCIAL SECURITY NO.: 518-20-8382

17. INFORMANT'S OWN SIGNATURE: Edith Wright
ADDRESS: Rupert Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1947

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic carcinoma
INTERVAL BETWEEN ONSET AND DEATH: 6 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of thyroid
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Dec 29, 1966, *to* May 10, 1967, *that I last saw the deceased alive on* May 10, 1967, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 340 W. W. Crawford, M. D.
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 17 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 14 1967
24c. NAME OF CEMETERY OR CREMATORY: Rupert Cemetery
24d. LOCATION (City, town, or county) (State): Rupert Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Mary Ellen Barker
25. EMBALMER: Robert Walk
LICENSE NO.: E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 2 1967
JUN 13 2014

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2169
Local Reg. No. 42
Reg. Dist. No. 450

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics 3-01

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)
a. (First) Erminia
b. (Middle) 125
c. (Last) Bonadiman

4. DATE OF DEATH (Month) (Day) (Year) May 12 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Aug 23 1896

9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Cis Tyrol Austria

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Giovanni Dalpiaz
BIRTHPLACE Italy

14. MOTHER'S MAIDEN NAME Rosina Paternoster
BIRTHPLACE Italy

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 518-42-6801

17. INFORMANT'S OWN SIGNATURE x Henry Bonadiman
ADDRESS RT #3 Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

33 1X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) — 16 hours
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Had a stroke about 1 year ago also

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 12, 19 67 *to* May 12 1967 *that I last saw the deceased alive on* May 12 19 67 *and that death occurred at* 2 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) MD 365

23b. ADDRESS Rupert, Idaho.

23c. DATE SIGNED May 18.67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 16 1967

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 5-26-67

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert E. Walk

LICENSE NO. E 294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 2 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. OCT 22 1979

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2170
Local Reg. No. 41
Reg. Dist. No. 45

BIRTH NO.

MAY 31 1967 — Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 340
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
d. STREET ADDRESS (If rural, give location): 204 I Street

3. NAME OF DECEASED (Type or Print): a. (First) Harriet b. (Middle) Hazel 125 c. (Last) Hollinger

4. DATE OF DEATH (Month) (Day) (Year): May 12 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: Aug 13 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Housewife
10b. KIND OF BUSINESS OR INDUSTRY: 01
11. BIRTHPLACE (State or foreign country): Humboldt Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Joseph Tiffany Schue — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Mary Ann Johnston — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518426502
17. INFORMANT'S OWN SIGNATURE: Harvey C Hollinger — ADDRESS: Paul Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis 4-20-67

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-12, 1967, *to* 5-12, 1967, *that I last saw the deceased alive on* 5-12, 1967, *and that death occurred at* 1:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. A. Hunt 255 (Degree or title) MD
23b. ADDRESS: Rupert, Idaho
23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 16 1967
24c. NAME OF CEMETERY OR CREMATORY: Paul Cemetery
24d. LOCATION (City, town, or county) (State): Paul Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Mary Ellen Larkin
25. EMBALMER: Robert McWalk — LICENSE NO.: E 294
FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2171
Local Reg. No. 26
Reg. Dist. No. 450

BIRTH NO.

JUN 13 1967

Bureau of Vital Statistics

1-05

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 5 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Acequia
d. STREET ADDRESS (If rural, give location) P.O.Box 23

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Belle 125 c. (Last) West

4. DATE OF DEATH (Month) May (Day) 18 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov 15 1880

9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife

10b. KIND OF BUSINESS OR INDUSTRY 01

11. BIRTHPLACE (State or foreign country) Centralia West Virginia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME William Riley Weese BIRTHPLACE West Virginia

14. MOTHER'S MAIDEN NAME Matilda Jane Cottrell BIRTHPLACE W.Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Mrs Charles West ADDRESS Box 13 Acequia

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Pancreas and Biliary Obstruction.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION April 1967

19b. MAJOR FINDINGS OF OPERATION Carcinoma of Pancreas with metastases and chronic cholecystitis.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sept, 1966, *to* May 18, 1967, *that I last saw the deceased alive on* May 18, 1967, *and that death occurred at* 9:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W.W. Crawford M.D. 740

23b. ADDRESS Rupert, Idaho

23c. DATE SIGNED May 24 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 22-67

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 6-9-67

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert L. Walk LICENSE NO. E 294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign shall sign HIS name in addition to giving the source of information.

JUN 12 1980
MAY 31 2012

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2172
Local Reg. No. 47
Reg. Dist. No. 450

RECEIVED JUN 13 1967 Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Minidoka 340 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rupert
DURATION OF STAY (in this place): one month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Minidoka Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 348
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Heyburn
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print): a. (First) Hilda b. (Middle) Mae 125 c. (Last) Rose

4. DATE OF DEATH (Month) (Day) (Year): May 28 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 03

8. DATE OF BIRTH: July 23 1916

9. AGE (In years last birthday): 50 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House wife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): View Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Alma Delbert Morris — BIRTHPLACE: Salt Lake City Utah

14. MOTHER'S MAIDEN NAME: Sarah Armstrong — BIRTHPLACE: New Zealand

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: 519-12-0281

17. INFORMANT'S OWN SIGNATURE: Wanda L. Miller — ADDRESS: Heyburn

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fatty degeneration liver — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

5860

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* May 1, 1967, *to* May 28, 1967, *that I last saw the deceased alive on* May 28, 1967, *and that death occurred at* 8:45 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: T. A. Hunt (Degree or title): 255 MD

23b. ADDRESS: Rupert, Idaho

23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 31 1967

24c. NAME OF CEMETERY OR CREMATORY: Riverside Cemetery

24d. LOCATION (City, town, or county) (State): Heyburn Idaho

DATE REC'D BY LOCAL REG.: 6-9-67

REGISTRAR'S SIGNATURE: Mary Ellen Cashen

25. EMBALMER: Robert E. Walk — LICENSE NO.: E294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

MAR 2 1977

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2173
Local Reg. No. 48
Reg. Dist. No. 450

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) (Near Rupert)
d. STREET ADDRESS (If rural, give location) Rupert Rural Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) Florence
b. (Middle) Dariling 125
c. (Last) Fenstermaker

4. DATE OF DEATH (Month) (Day) (Year) May 29 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec 31 1917
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakley Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Millard — BIRTHPLACE Utah
14. MOTHER'S MAIDEN NAME Elizabeth Saunders — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs Larry Maier — ADDRESS Rupert

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

578X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Peritonitis, generalized, acute fibrino pululent — INTERVAL BETWEEN ONSET AND DEATH: days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Perforation of jejunum — days
DUE TO (c) Intestinal obstruction from adhesion and ventral hernia — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1967 *to* May 29, 1967, *that I last saw the deceased alive on* May 29, 1967, *and that death occurred at* 3:50 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE C F Dalley 127 (Degree or title) MD
23b. ADDRESS 702 G St Rupert Ida.
23c. DATE SIGNED 5/31/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 6-9-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk — LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WALK MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2174
Local Reg. No. 29
Reg. Dist. No. 450

RECEIVED JUN 13 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Minidoka 340
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minidoka
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 10 miles east of Minidoka

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 03 COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 454 Packard

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) WOODROW 000
c. (Last) DICKSON

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Nov. 17, 1914

9. AGE (In years last birthday) 52
IF UNDER 1 YEAR Months | Days
IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Conductor 10

10b. KIND OF BUSINESS OR INDUSTRY U.P.R.R.

11. BIRTHPLACE (State or foreign country) UNKNOWN

12. CITIZEN OF WHAT COUNTRY? UNKNOWN

13. FATHER'S NAME UNKNOWN
BIRTHPLACE UNKNOWN

14. MOTHER'S MAIDEN NAME UNKNOWN
BIRTHPLACE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO
(If yes, give war or dates of service) XXXXXX

16. SOCIAL SECURITY NO. 562 05 3623

17. INFORMANT'S OWN SIGNATURE Emily Johnson
ADDRESS Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4300

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarctions, multiple, small, recent and old. Myocardial due to emboli. Durration, weeks to months.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Sub acute bacterial endocarditis,

DUE TO (c) duration months.

INTERVAL BETWEEN ONSET AND DEATH

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) on train, near Minidoka

21c. (CITY, TOWN, OR TOWNSHIP) 340 **(COUNTY)** Minidoka, **(STATE)** Minidoka County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 30 1967, approx 12:30 p.m.

21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? natural causes-see above certificati

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert E. Walk 583
(Degree or title) Coroner
23b. ADDRESS 710 6th street Rupert Idaho
23c. DATE SIGNED 1967 June 8

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Jun. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) (State) Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG. 6-9-67
REGISTRAR'S SIGNATURE Mary Ellen Barlow

25. EMBALMER Robert E. Walk
LICENSE NO. E 294
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

JUN 22 1982

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2175
Local Reg. No. 113
Reg. Dist. No. 220

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Nez Perce 35 | MAY 12 1967 | 3-01 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — c. LENGTH OF STAY IN THIS PLACE: 1 day — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 35 — b. COUNTY: Nez Perce — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston — d. STREET ADDRESS (If rural, give location): 1702 - 18th Ave.

3. NAME OF DECEASED (Type or Print): a. (First) HARVEY — b. (Middle) F. — c. (Last) MAXEY

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 29 Sept. 1888

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: Building

11. BIRTHPLACE (State or foreign country): Kinsley, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George T. Maxey — BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elizabeth Burnal — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: No Record

17. INFORMANT'S OWN SIGNATURE: Heraldd Maxey — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4331 Acute Cerebral Embolism. — INTERVAL BETWEEN ONSET AND DEATH: 6 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Cerebral Embolism. — 6 hrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Senility. Bed Sores

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: No Surgery

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): No

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 1st, 1967, *to* May 1st., 1967, *that I last saw the deceased alive on* May 1st, 1967, *and that death occurred at* 7:25 PM., *from the causes and on the date stated above.*

23a. SIGNATURE: Jack E Bardsley M.D. (Degree or title) — 23b. ADDRESS: 1522 17th St Lewiston Idaho — 23c. DATE SIGNED: 5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 6 May 1967 — 24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery — 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-8-67 — REGISTRAR'S SIGNATURE: Lynette Knott — 25. EMBALMER: L. E. DeBaun — FIRM NAME: Malcom's Brower-Wann Memorial Chapel — LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2176
Local Reg. No. 109
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): P O Box - 104

3. NAME OF DECEASED (Type or Print): a. (First) DELMER b. (Middle) IRVIN c. (Last) DEFFENBAUGH

4. DATE OF DEATH: (Month) MAY (Day) 1 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 22 April 1906

9. AGE (In years last birthday): 61
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Woods Worker 17

10b. KIND OF BUSINESS OR INDUSTRY: Lumbering

11. BIRTHPLACE (State or foreign country): Ottawa, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Minor Deffenbaugh
BIRTHPLACE: Illinois

14. MOTHER'S MAIDEN NAME: Elva May Brock
BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: no record

17. INFORMANT'S OWN SIGNATURE: Katherine Deffenbaugh
ADDRESS: Culdesac, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4938

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Enlarged Heart

DUE TO (c) Pneumonia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Pericardial friction rub

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 12, 19 66, *to* May 1, 19 67, *that I last saw the deceased alive on* April 28, 19 66, *and that death occurred at* 2:30 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: W M Glover (Degree or title) M.D.

23b. ADDRESS: 939 Bryden Ave., Lewiston, Ida.

23c. DATE SIGNED: 5/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-4-67

REGISTRAR'S SIGNATURE: Lynette Knott

25. EMBALMER: W E Black

LICENSE NO.: E-426

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2177
Local Reg. No. 112
Reg. Dist. No. 220

RECEIVED MAY 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Nez Perce 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1313 Idaho St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ETHEL	GENEVIEVE	MOOERS	May	3	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 5	20 June 1886	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housekeeper 07	Own Home	Eloise, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George W. Bell	Indiana	Annie Court	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518 18 9338B	Harold Moers	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary sclerosis — 2 mos.
DUE TO (c) Arteriosclerosis, — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
General

4201

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-1, 1951, *to* 5-3, 1967, *that I last saw the deceased alive on* 5-3, 1967, *and that death occurred at* 9:18 AM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
L. E. Newton 388	MD	Lewiston, Ida	5-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6 May 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-8-67	Lynette Knott	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 12 1967

MAY 2 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2178
Local Reg. No. 415
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY NezPerce 350 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural 000

RECEIVED MAY 25 1967 Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) Elsie b. (Middle) Meninick c. (Last) Seth

4. DATE OF DEATH (Month) May (Day) 4 (Year) 1967

5. SEX femal
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 3 Married
8. DATE OF BIRTH 9-1-1887
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Yakima, Wash.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jim Meninick BIRTHPLACE No record
14. MOTHER'S MAIDEN NAME Kee - I -Tall - Ee BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE ADDRESS Indian Agency at Toppenish, Wash

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 9:00AM m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Duclos 58B (Degree or title) Coroner 4
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 9, 1967
24c. NAME OF CEMETERY OR CREMATORY Family Cemetery (Seith)
24d. LOCATION (City, town, or county) (State) Spalding, Idaho.

DATE REC'D BY LOCAL REG. 5-15-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER Andrew F. Vassar
LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 10 2013

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2179
Local Reg. No. 116
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 25 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 2-01
b. CITY OR TOWN: Lewiston
c. LENGTH OF STAY (in this place): 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 115 Jefferson St

3. NAME OF DECEASED (Type or Print): a. (First) Peter b. (Middle) (NMI) 312 c. (Last) Herbert

4. DATE OF DEATH: (Month) May (Day) 4 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married

8. DATE OF BIRTH: 28 July 1886

9. AGE (In years last birthday): 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer Oil

10b. KIND OF BUSINESS OR INDUSTRY: Wholesale Oil Co.

11. BIRTHPLACE (State or foreign country): Poland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: no record
BIRTHPLACE: Poland

14. MOTHER'S MAIDEN NAME: No Record
BIRTHPLACE: Poland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 541 12 1190A

17. INFORMANT'S OWN SIGNATURE: Mrs Pete Herbert ADDRESS: Lewiston, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4290

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis. — INTERVAL BETWEEN ONSET AND DEATH: yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart disease. — years

DUE TO (c) Congestive Heart failure. — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965 19___, *to* death, 19___, *that I last saw the deceased alive on* 5/17/67, 19___, *and that death occurred at* 8:20 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 160

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 5/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 8 May 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67

REGISTRAR'S SIGNATURE: Lynette Knotts

25. EMBALMER: W. E. Black

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

LICENSE NO.: E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2180
Local Reg. No. 111
Reg. Dist. No. 220

RECEIVED STATE OF IDAHO
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 35 3-09
b. CITY OR TOWN Lewiston
c. LENGTH OF STAY IN (this place) 9 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Saint Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY 535 Neetin
c. CITY OR TOWN Clarkston
d. STREET ADDRESS (If rural, give location) 20th Street & 6th Avenue

3. NAME OF DECEASED (Type or Print): a. (First) ARLEIGH b. (Middle) K. c. (Last) PARKER

4. DATE OF DEATH: (Month) May (Day) 4, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 11/16/1902

9. AGE (In years last birthday): 64
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Orchardist 04

10b. KIND OF BUSINESS OR INDUSTRY: Fruit Farming

11. BIRTHPLACE (State or foreign country): Prenceton, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William J. Parker
BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Ruby Cisney
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs Esther M. Parker
ADDRESS: Clarkston, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5271 Bronchopneumonia. — INTERVAL BETWEEN ONSET AND DEATH: 10 d.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema. — 10+ yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Diffuse arteriosclerosis. — 10± yrs.
Enlarged heart. — 10± yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-16-, 1967, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) MD
23b. ADDRESS: Lewiston Ida.
23c. DATE SIGNED: 5 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation
24b. DATE: April 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hazen and Jaeger
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG. 5-5-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: Donald F. Brown
LICENSE NO. WASH. 943

FIRM NAME: Merchant Funeral Home- Clarkston, Wn.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. DEC 13 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2181
Local Reg. No. 120
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 | JUN 5 1967 | 3-63
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of): Lewiston
c. LENGTH OF STAY in Institution: 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 | b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1348 Hemlock Ave.

3. NAME OF DECEASED (Type or Print): a. (First) MARTHA | b. (Middle) MARGARETTA | c. (Last) PONTIUS

4. DATE OF DEATH: (Month) May (Day) 12 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 4 August 1895

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 07

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Warenton, Virginia

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Daniel Grim | BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Anna Woodsell | BIRTHPLACE: Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519 09 3080B

17. INFORMANT'S OWN SIGNATURE: Esther Marie Pontius | ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) 331X
DUE TO (c) Cerebral thrombosis — 4 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypertension, arterial — 5 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-2, 1950, *to* 5-12, 1967 *that I last saw the deceased alive on* 5-12-67, 19___, *and that death occurred at* 8:30 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 388 Newton MD (Degree or title) | 23b. ADDRESS: Lewiston Idaho | 23c. DATE SIGNED: 5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial | 24b. DATE: 15 May 1967 | 24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Memo. Gards. | 24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-23-67 | REGISTRAR'S SIGNATURE: Lynette Knott | 25. EMBALMER: L. E. DeBaun Malcom's Brower-Wann Memo. Chapel | LICENSE NO.: E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2182
Local Reg. No. 127
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 1-32
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 32 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St Joseph Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 1503 "G" Street

3. NAME OF DECEASED (Type or Print)
a. (First) BESSIE
b. (Middle) C.
c. (Last) CLICK

4. DATE OF DEATH (Month) (Day) (Year) May 13, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH Feb. 4, 1894
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Leicester, North Carolina
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Marion Creasman — BIRTHPLACE Unk
14. MOTHER'S MAIDEN NAME Alpha V. Sharp — BIRTHPLACE Unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 30 8523
17. INFORMANT'S OWN SIGNATURE Franklin B. Click — ADDRESS Clarkston, Wash.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8124

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock + Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH Moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Injuries
DUE TO (c) Auto hit her

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT (Specify) [redacted]
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16 + G St. 04
21c. (CITY, TOWN, OR TOWNSHIP) Lewiston 351 (COUNTY) Nez Perce (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) May 13 1967 5:03 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Hit by Auto

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J Duclos 583 (Degree or title) Coroner
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 5-18-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 16 May 1967
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Gardens
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. 5-24-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER Donald W. Brown
LICENSE NO. Wash. 943

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MERCHANT FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2183
Local Reg. No. 123
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 351 JUN 5 1967 2-01

a. COUNTY: Nez Perce

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY (If in this place): 3 Wks

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 351

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 524 Delso Lane

3. NAME OF DECEASED (Type or Print)

a. (First): FRANK

b. (Middle): CLIFFORD

c. (Last): STEVENS

4. DATE OF DEATH (Month) May (Day) 13 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 19 April 1883

9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Night Watchman 06

10b. KIND OF BUSINESS OR INDUSTRY: Lumber Mill

11. BIRTHPLACE (State or foreign country): Alpine County, Calif.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Alexander H. Stevens — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Elizabeth Trimmer — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 03 8699

17. INFORMANT'S OWN SIGNATURE: Margaret E. Stevens — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH 492X

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonitis — INTERVAL BETWEEN ONSET AND DEATH: 3 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 5, 1961, *to* May 13, 1967, *that I last saw the deceased alive on* May 13, 1967, *and that death occurred at* 5:30PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: B R Stern 496 (Degree or title) MD

23b. ADDRESS: Lewiston Ida

23c. DATE SIGNED: 22 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 16 May 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-23-67

REGISTRAR'S SIGNATURE: Lynette Knott

25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel

LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 18 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2184
Local Reg. No. 118
Reg. Dist. No. 220

BIRTH NO.

RECEIVED MAY 15 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 3627 - 17th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	SAMUEL	CLARENCE	HARP		May	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	4 August 1890	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 17	Lumber Mill	Ashland, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Harp	Ohio	Mary E. Hollinger	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 18 8362A	Lena Harp	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Heart Disease	4 mos.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Carcinoma Prostate	2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 2-28, 1967, *to* May 14, 1967, *that I last saw the deceased alive on* May 14, 1967, *and that death occurred at* 10:20PM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
John K. Mowry	MD	307 St John Way	5/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	17 May 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-19-67	Lynette Knott	K. H. Malcom	E-376

Malcom's Brower-Wann Memorial Chapel

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

AUG 12 2009

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended 12-2-81

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2185
Local Reg. No. 129
Reg. Dist. No. 220

BIRTH NO.

JUN 5 1967

Bureau of Vital Statistics

1. PLACE OF DEATH 351

a. COUNTY: Nez Perce 3-09

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

c. LENGTH OF STAY: 9 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 351

b. COUNTY: Nez Perce

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): 716 - 10th Street

3. NAME OF DECEASED (Type or Print)

a. (First): ALBERT

b. (Middle): LINUS

c. (Last): JAMES

4. DATE OF DEATH (Month) May (Day) 17 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 20 June 1890

9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naval Officer 05

10b. KIND OF BUSINESS OR INDUSTRY: U.S. Navy

11. BIRTHPLACE (State or foreign country): Springfield, Illinois

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Mahlon F. James — BIRTHPLACE: Ky.

14. MOTHER'S MAIDEN NAME: Luella J. Sagle — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW-1 3

16. SOCIAL SECURITY NO.: 542 10 2750A

17. INFORMANT'S OWN SIGNATURE: Elaine James — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate — INTERVAL BETWEEN ONSET AND DEATH: unkn.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Metastasis to liver — unkn

DUE TO (c) Metastasis to Lung — unkn

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes Melites

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1949, *to* date, *19*____, *that I last saw the deceased alive on* 17th May 67 *and that death occurred at* 9:20PM *m., from the causes and on the date stated above.*

23a. SIGNATURE 446 (Degree or title): Galen A. Rogers MD

23b. ADDRESS: Clarkston, Wn

23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 19 May 1967

24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery

24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67

REGISTRAR'S SIGNATURE: Lynette Knott

25. EMBALMER: L. E. DeBaun — LICENSE NO. E-295

Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 14 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 12 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

NOV 10 1967

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

(d) Alter a certificate on file in the office of a local registrar.

APR 12 1968

STATEMENT OF PLACE OF DEATH

MAR 6 1969

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

DEC 8 1969

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics

RECEIVED
BUREAU OF
VITAL STATISTICS

AFFIDAVIT TO CORRECT OR AMEND AN ORIGINAL CERTIFICATE

State of _____ } ss.
County of _____

NOV 17 8 14 AM '81

Certificate No. 67-2185
Date Filed 6/5/67

The undersigned does solemnly swear that certain facts on the certificate of death

for Albert Linus James (Name on Original Certificate) who died (Was Born, Died, etc.) on 5-17-67 (Date of Event)

in Lewiston, ID (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
13. Father's name	Mayland	Mahlon F.
14. Mother's name	Luella Martin	Leuella J. Sagle
Mother's birthplace	no record	Illinois

Subscribed and sworn to before me this _____ day of _____, 19__.

Notary Public, _____
Residing at _____
My commission expires _____
(Seal)

_____
Signature of Applicant

_____
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Wash } ss.
County of King

(Must be completed __)
(Is not necessary ✓)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 12 day of November, 1981.

Notary Public, Martha Sieger
Residing at Kent, Wash
My commission expires June 1982
(Seal)

Lura Helen James Hicks
Supporting Signature

1140 N. 94th Seattle, WA. 98103
Street Address, City, State

10-26-81 jmw/ja

Documents:

To correct spelling of father's name:	marriage certificate, Mahlon F. James & Leuella J. Sagle (May 8, 1880). Certified copy of page 408, Illinois History of EArly Settlers
To correct mother's name and add birthplace:	marriage certificate above (Illinois listed as place of birth) census record, 1880: Louela J. Sagle, Illinois listed as place of birth.

viewed by Jan Wick for Jane Anderson
10/26/81

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2186
Local Reg. No. 119
Reg. Dist. No. 220

BIRTH NO.

351 JUN 5 1967 1-04

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): Orchards Nursing Home

3. NAME OF DECEASED (Type or Print)
a. (First): Rose
b. (Middle):
c. (Last): Gendron

4. DATE OF DEATH (Month) (Day) (Year): May 17, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: August 9, 1874
9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Montana
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: no record
17. INFORMANT'S OWN SIGNATURE: Vincent V. Vassar — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio Rural Vasc Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* Jan, 1967, *that I last saw the deceased alive on* 5-10, 1967, *and that death occurred at* 5 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE: John E. Carssown 083 (Degree or title)
23b. ADDRESS: 9th & Main Lewiston Idaho
23c. DATE SIGNED: 5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: V. Vassar
LICENSE NO.: E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2187
Local Reg. No. 122
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 | 3-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35 | b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 614 Airway

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	VIRGIL	T.	RANDALL	May	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	4 Divorced	5 May 1899	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock & Grain	North Carolina	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lucious Randall	No. Car.	Leona G. Alexander	No. Car.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519 42 3599A	Lou M. Randall	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 HRS

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* MAY 18, 1967, *to* MAY 18, 1967, *that I last saw the deceased alive on* MAY 18, 1967, *and that death occurred at* 10:15PM, *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] MD	307 ST JOHNS WAY	5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	22 May 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-23-67	Lynette Knott	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memo. Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2188
Local Reg. No. 124
Reg. Dist. No. 220

Certificate of Death

RECEIVED JUN 5 1967 2-04

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (Hours, Days, Months, Place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 210 1st. Ave. DDD

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 210 1st. Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Calvin
c. (Last): Nelsen

4. DATE OF DEATH (Month) May (Day) 19 (Year) 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 divorced
8. DATE OF BIRTH: 9-12-1925
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electronic Tec. 21
10b. KIND OF BUSINESS OR INDUSTRY: self employed
11. BIRTHPLACE (State or foreign country): Scappoose, Oregon
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Chris Nelsen — BIRTHPLACE: Madison, S. D.
14. MOTHER'S MAIDEN NAME: Anna Ruthin — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW 2 4
16. SOCIAL SECURITY NO.: 543 18 7776
17. INFORMANT'S OWN SIGNATURE: X Ben J. Nelsen — ADDRESS: Portland Ore

9190

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Shock and Hemhorrage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) gunshot wound
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accid ent
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): home 01
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewiston NezPerce 351 Idaho
21d. TIME OF INJURY (Month) May (Day) 17 (Year) '67 (Hour) 5:00 PM 21
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Possible Accidentally self incflicted

22. *I hereby certify that I attended the deceased from* 666——, 19___, *to* _____, 19___, *that I last saw the deceased alive on* ——, 19___, *and that death occurred at* 5:00Pm., *from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos 583 (Degree or title): coroner 4
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 7/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: May 25 1967
24c. NAME OF CEMETERY OR CREMATORY: Williamette Cemetery
24d. LOCATION (City, town, or county) (State): Portland Oregon

DATE REC'D BY LOCAL REG.: 5-24-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2189
Local Reg. No. 121
Reg. Dist. No. 220

RECEIVED JUN 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 1-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston (Rural)
LENGTH OF STAY (in this place): 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print): a. (First) Carl; b. (Middle); c. (Last) Kruger

4. DATE OF DEATH: (Month) May (Day) 20 (Year) 1967

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: 4-8-1880

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months / Days; IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired Farmer 84

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Immenhof, Germany

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Albert Kruger — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Bertha Saur — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Lucy Kruger — ADDRESS: Lewiston, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2-3 wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Cerebral arteriosclerosis
DUE TO (c) Adenoma

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Femoral vein thrombosis rt. leg.

33 IX

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY Ooccur?:

22. *I hereby certify that I attended the deceased from* ____, 1961, *to* 5-20, 1967, *that I last saw the deceased alive on* 5-18, 1967, *and that death occurred at* 8:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Eastwood 152 — **23b. ADDRESS**: Lewiston Idaho — **23c. DATE SIGNED**: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal — **24b. DATE**: May 23, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Cameron — **24d. LOCATION** (City, town, or county) (State): Cameron, Idaho.

DATE REC'D BY LOCAL REG.: 5-23-67 — REGISTRAR'S SIGNATURE: Lynette Knott

25. EMBALMER: Andrew F. Vassar — LICENSE NO.: E315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2190
Local Reg. No. 128
Reg. Dist. No. 220

RECEIVED JUN 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Reubens
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): MAY
b. (Middle): ELLEN
c. (Last): RICE

4. DATE OF DEATH (Month) May (Day) 20 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: 15 Mar 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Washington Co., Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Houlette — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Hilda Wisner — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 60 5703
17. INFORMANT'S OWN SIGNATURE: Mrs. Leonard O'Brien — ADDRESS: Reubens, Idaho o

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): 443X Hypertensive Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pneumonitis — One wk

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July 15, 1963, to May 20, 1967, *that I last saw the deceased alive on* May 20, 1967, *and that death occurred at* 6:45 PM, *from the causes and on the date stated above.*

23a. SIGNATURE: John Armstrong 013 (Degree or title) MD
23b. ADDRESS: 307 St Johns Way
23c. DATE SIGNED: 5/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 23 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2191
Local Reg. No. 123
Reg. Dist. No. 220

RECEIVED JUN 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 35 1-9
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
LENGTH OF STAY (in this place): 1 year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2503 Main Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 35
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~2503 Main St.~~ Lewiston
d. STREET ADDRESS (If rural, give location): 2503 Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Fred		Maxey	May 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	Oct. 19, 1900	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
laborer 06	general	Sprague, Washington	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Maxey	no record	no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no record	V. Vasser	Lewiston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Esophagus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death Arthritis, rheumatoid, old

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4/30, 1967, *to* 5/21, 1967, *that I last saw the deceased alive on* 5/20, 1967, *and that death occurred at* 10 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gordon M. Keller MD	347 St. Johns Way, Lewiston	5/25/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	May 24, 1967	Fraternal Cemetery	Palouse, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67	Lynette Knott	V. Vasser	E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2102
Local Reg. No. 137
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Washington 48
b. COUNTY Asotin 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clarkston
d. STREET ADDRESS (If rural, give location) 516 - 8th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLARENCE	DALE	FISCHER	May 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	3 Married	1/1/1930	37				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Car Repair	Massillon, Ohio	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jack Fischer	Germany	Hazel Moyer	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	293 24 6616	Lucille Fischer	Clarkston, Wash.

330X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured cerebral aneurysm
DUE TO (c) 21 days (Congenital?)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5/18, 1967, *to* 5/21, 1967, *that I last saw the deceased alive on* 5/21/67, 19—, *and that death occurred at* 9:05 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
036 M.D.	626 5th Ave. Lewiston, Ida.	5/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-Burial	24 May 1967	Vineland Cemetery	Clarkston, Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Lynette Knott	Donald R. Brown	943

FIRM NAME: MERCHANT FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED Certificate of Death

STATE OF IDAHO

State File No. 2193
Local Reg. No. 126
Reg. Dist. No. 220

BIRTH NO.

JUN 5 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 2-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
c. LENGTH OF STAY (in this place): 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston Orchards
d. STREET ADDRESS (If rural, give location): Orchards Nursing Home

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helen		Brady	May 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married	June 30, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	at home	Unity, Wisconsin	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
no record		no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no record	Mrs Ruth Rollins	[illegible], Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, bronchial — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Heart disease, arterio- — 1 year
DUE TO (c) sclerotic — 6 mos

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-20, 1967, *to* 5-23, 1967, *that I last saw the deceased alive on* 5-23, 1967, *and that death occurred at* 2:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 388 Newton MD	Lewiston, Idaho	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal	May 24, 1967	Eau Claire, Wisconsin	Eau Claire, Wisconsin

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67	Lynette Knott	V. Vassar	E297

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES:

NOV 3 0 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2194
Local Reg. No. 130
Reg. Dist. No. 220

Certificate of Death

RECEIVED JUN 5 1967 1-02

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (If not in hospital or institution): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1512 19th. Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Claude
b. (Middle): W.
c. (Last): Gleason

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 4 divorced
8. DATE OF BIRTH: Nov. 2 1917
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY: automobile
11. BIRTHPLACE (State or foreign country): Harvard, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: John Gleason — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Ida N. Frick — BIRTHPLACE: Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): W.W. Two 4
16. SOCIAL SECURITY NO.: 700-16-7736
17. INFORMANT'S OWN SIGNATURE: + Joe Gleason — ADDRESS: Lewiston,

18. CAUSE OF DEATH 9160
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: Monites

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): smoke and heat inhalation
DUE TO (c): bed on fire

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident home 01
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) 351 **(COUNTY)** **(STATE)**: Lewiston, Idaho NezPerce Idaho

21d. TIME OF INJURY (Month) May (Day) 24 (Year) 9:30AM (Hour) m. 1
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? smoking in bed

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 9:30AM m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title): Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 5-26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: May 27 1967
24c. NAME OF CEMETERY OR CREMATORY: Palouse
24d. LOCATION (City, town, or county) (State): Palouse Wash.

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: Andrew F. Vassar — LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2195
Local Reg. No. 133
Reg. Dist. No. 220

RECEIVED JUN 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston (Rural)
c. LENGTH OF STAY (in this place) 3yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lewiston Manor 312

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 35 NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mattie		Pruess	May 24 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
fwmal	White	2 Widowed	Feb. 11, 1882	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
house wife 01		Davenport, Iowa.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Minert	norecord	no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		No record	Melba I. Hibbard	Lewiston, Idaho,

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Respiratory fail

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Occlusion

DUE TO (c) Coronary Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. hypertension HHD

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1951, 19____, *to* 1967, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 4:35 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Willis W. Robb MD	Clarkston, Washington	5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 27, 1967	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Lynette Knott	O. Vasser	E 297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2196
Local Reg. No. 140
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 1-12
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Usual Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 350
b. COUNTY: Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Culdesac
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): MARY
b. (Middle): AGNES
c. (Last): CORRELL

4. DATE OF DEATH (Month) (Day) (Year): May 24, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: 8 April 1893
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Bly, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Laughlin — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Lidias Butler — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: R. G. Correll — ADDRESS: Culdesac, Ida

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Inffarct — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from - - - - - 19 - , to - - - - - - 19 - , that I last saw the deceased alive on - - - - - 19 - , and that death occurred at* 8:00 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 583 (Degree or title): NezPerce Co. Coroner
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 24 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 27 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Gifford Cemetery
24d. LOCATION (City, town, or county) (State): Gifford, Idaho

DATE REC'D BY LOCAL REG.: 6-6-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: L. E. DeBaun — LICENSE NO. E-295
Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 14 1969

JAN 16 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2197
Local Reg. No. 137
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 138 North Garden Court

3. NAME OF DECEASED (Type or Print)
a. (First): RALPH
b. (Middle): WILLIAM
c. (Last): McKEEHAN

4. DATE OF DEATH (Month) (Day) (Year): May 25 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Maried
8. DATE OF BIRTH: 2 Aug 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 17
10b. KIND OF BUSINESS OR INDUSTRY: Sawmill
11. BIRTHPLACE (State or foreign country): Pullman, Wash.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Samuel McKeehan — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Julia Hatley — BIRTHPLACE: Tenn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 2268A
17. INFORMANT'S OWN SIGNATURE: + Marguerite Cajune — ADDRESS: LasVegas, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): C.V.A. 2 wks ago embolism — 2 wks.
DUE TO (c): Mitral Ht. disease — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1960, *to* May 25, 1967, *that I last saw the deceased alive on* May 27 1969, 19___, *and that death occurred at* 8:45 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Jack E Biedeh M 022 (Degree or title)
23b. ADDRESS: 1522 7th St Lewiston Idaho
23c. DATE SIGNED: 6/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Meo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 6-5-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to: BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the decpased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2198
Local Reg. No. 135
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 2-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (If outside place): 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Garfield 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pomeroy
d. STREET ADDRESS (If rural, give location): S 320 - 10th Street

3. NAME OF DECEASED (Type or Print)
a. (First): HENRY
b. (Middle): C.
c. (Last): KEATTS

4. DATE OF DEATH (Month) 5 (Day) 26 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 3 Married
8. DATE OF BIRTH: 2-4-1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Wheat Farm
11. BIRTHPLACE (State or foreign country): Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: H.C. Keatts — BIRTHPLACE: Unk.
14. MOTHER'S MAIDEN NAME: Lillie Booker — BIRTHPLACE: Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531-36-1968A
17. INFORMANT'S OWN SIGNATURE: Donald H. Keatts — ADDRESS: Pomeroy Wn

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Diabetes Mellitus — 10 years
DUE TO (c) Cerebro Vascular accident — 1 month

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* April 26, 1967, *to* 5-26, 1967, *that I last saw the deceased alive on* 5-26, 1967, *and that death occurred at* 2:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 349 M W
23b. ADDRESS: Lewiston Idaho
23c. DATE SIGNED: 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Burial
24b. DATE: 5-29-67
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Pomeroy, Washington

DATE REC'D BY LOCAL REG.: 6-1-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. FUNERAL DIRECTOR: Andy Reinland Jr. — ADDRESS: Pomeroy, Wash.
Richardson Funeral Home

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

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State File No. 2199
Local Reg. No. 138
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 351 3-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 138 North Garden Court

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTLE
b. (Middle): IVA
c. (Last): McKEEHAN

4. DATE OF DEATH (Month) May (Day) 28 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 Widowed
8. DATE OF BIRTH: 29 Sept 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: David O'Dell — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Ellen Lemons — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 2268B
17. INFORMANT'S OWN SIGNATURE: Marguerite Cayune — ADDRESS: LasVegas, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A. Massive Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertensive Ht disease — 10 yrs
DUE TO (c): Hypertension — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 15, 1967, *to* May 28, 1967, *that I last saw the deceased alive on* May 27, 1967, *and that death occurred at* 5:17 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Josh E Beedel 022 (Degree or title) M.D.
23b. ADDRESS: 1522 17th St Lewiston Idaho
23c. DATE SIGNED: 6/1/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 29 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis-Clark Meo. Gar.
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 6-5-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2200
Local Reg. No. 131
Reg. Dist. No. 220

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUN 5 1967

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): rural
c. LENGTH OF STAY (If not in place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 yds. downstream from the bridge at Cherry lanes 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Asotin 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1429 - Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): LEMUEL
b. (Middle): CLYDE
c. (Last): DAYLONG

4. DATE OF DEATH (Month) (Day) (Year): May 28 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 2 WIDOWED
8. DATE OF BIRTH: 9 July 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Custodian 06
10b. KIND OF BUSINESS OR INDUSTRY: Bank Bldg.
11. BIRTHPLACE (State or foreign country): Fort Scott, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Daylong — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Bell P. Campbell — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 01 0955
17. INFORMANT'S OWN SIGNATURE: Mrs Percy Tate — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ASPHYXIATION — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): DROWNING
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-Way 06
21c. (CITY, TOWN, OR TOWNSHIP) 350 (COUNTY) (STATE): Rural NezPerce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 28,1967 4:15PM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Auto plunged into Clear-Water River following collison HiWay #12

22. *I hereby certify that I attended the deceased from - - - - - -, 19 - -, to - - - - - -, 19 - -, that I last saw the deceased alive on - - - - - -, 19 - -, and that death occurred at* 4:19PM *n., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A. Huddleston Sheriff 588 5
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 28 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 31 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-31-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2201
Local Reg. No. 132
Reg. Dist. No. 220

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Nez Perce 350 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 500 yds. downstream from the bridge at Cherry Lanes 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Asotin 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clarkston
d. STREET ADDRESS (If rural, give location): 1429 - Chestnut

3. NAME OF DECEASED (Type or Print)
a. (First): LULLA
b. (Middle): ANNA
c. (Last): DAYLONG

4. DATE OF DEATH (Month) (Day) (Year): May 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2 Feb. 1891
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (State or foreign country): Lincoln County, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Fredrick C. Steinhaus — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Sophia A. Schroeder — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 24 2842
17. INFORMANT'S OWN SIGNATURE: Mrs. Percy Tate — ADDRESS: Moscow, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8164

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Multipliable Lacerations and Contusions
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hi-Way 06
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Rural 13 350 NezPerce Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 28, 1967 4:15 PM 2
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 2
21f. HOW DID INJURY OCCUR? Thrown From Auto following hi-way #12 collison landing on sharp rocks

22. *I hereby certify that I attended the deceased from* - - - - -, 19 - -, *to* - - - - - -, 19 - -, *that I last saw the deceased alive on* - - - - -, 19 - -, *and that death occurred at* 4:15 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): L. A. Huddleston 588 Sheriff
23b. ADDRESS: Lewiston, Idaho 5
23c. DATE SIGNED: 28 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 31 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: 5-31-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: K. H. Malcom — Malcom's Brower-Wann Memorial Chapel
LICENSE NO.: E-376

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 18 1965

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2202
Local Reg. No. 9
Reg. Dist. No. 530

BIRTH NO.

RECEIVED MAY 26 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 360 Oneida
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
b. LENGTH OF STAY (in this place) 40 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 53 South 100 West St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 360
b. COUNTY Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Malad
d. STREET ADDRESS (If rural, give location) 53 South 100 West St.

3. NAME OF DECEASED (Type or Print)
a. (First) ESTER
b. (Middle) KATHERINE
c. (Last) MUNSEE WILLIAMS

4. DATE OF DEATH (Month) (Day) (Year) April 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	white	married 3	Oct. 4, 1888	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Salt Lake City, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter C. Munsee	Hooper, Utah	Katherine Eliza Bailey	Grass Valey, Piute County, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-20-1717

17. INFORMANT'S OWN SIGNATURE Margie M. Atkinson ADDRESS Grace, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 10 mo

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May *1967, to* Nov *1966, that I last saw the deceased alive on* Nov 2 *1966, and that death occurred at* 7:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 315	M.D.	Malad Idaho	5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	April 28, 1967	Malad City Cemetery	Malad, Oneida Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
April 28, 1967	Ruth G. Sweeten	Rulford G. Benson	E-351

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Benson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 21 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2203
Local Reg. No. 10
Reg. Dist. No. 530

RECEIVED MAY 26 1967 Bureau of Vital Statistics

BIRTH NO.

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY: Oneida 360 315
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad
c. LENGTH OF STAY (in this place): 2 wks 1 dy
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 143 Bannock St.

3. NAME OF DECEASED (Type or Print)
a. (First): RACHEL
b. (Middle): PARKER
c. (Last): SORENSEN

4. DATE OF DEATH (Month) (Day) (Year): MAY 4 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: May 13, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: --
11. BIRTHPLACE (State or foreign country): Wellsville, Cache, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: WILLIAM HENRY PARKER — BIRTHPLACE: Nauvoo, Ill
14. MOTHER'S MAIDEN NAME: DEBORAH GREER — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Myron P. Sorensen — ADDRESS: Malad, Idh

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction, Acute — INTERVAL BETWEEN ONSET AND DEATH: Few hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary Sclerosis, Chronic — Progressive 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Purpura, thrombocytopenic, Acute - Convalescing from — Approx. 3 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1952 *to* 4 May, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 3:50p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph F. Mal. MD 314 (Degree or title) MD.
23b. ADDRESS: Malad City, Idaho
23c. DATE SIGNED: 5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: 5/5/67
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 29 1967

JUN 27 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO. [illegible]

RECEIVED JUN 14 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2204
Local Reg. No. 72
Reg. Dist. No. 530

1. PLACE OF DEATH
a. COUNTY: Oneida 360
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Northeast Malad City
c. LENGTH OF STAY (in this place): 22 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Deep Creek Reservoir 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida 422
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
d. STREET ADDRESS (If rural, give location): 248 Samaria Lane

3. NAME OF DECEASED (Type or Print): a. (First) PAUL; b. (Middle) MYRON; c. (Last) JONES

4. DATE OF DEATH: (Month) MAY (Day) 23 (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single

8. DATE OF BIRTH: May 27, 1951

9. AGE (In years last birthday): 15
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03

10b. KIND OF BUSINESS OR INDUSTRY: -

11. BIRTHPLACE (State or foreign country): Malad City, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: MYRON JONES, JR. BIRTHPLACE: Malad City, Idaho

14. MOTHER'S MAIDEN NAME: NOLA CHRISTENSEN BIRTHPLACE: Ephraim, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): -

16. SOCIAL SECURITY NO.: -

17. INFORMANT'S OWN SIGNATURE: Myron Jones Jr. ADDRESS: Malad, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): drowning, accidental — INTERVAL BETWEEN ONSET AND DEATH: immed.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Deep Creek Reservoir
21c. (CITY, TOWN, OR TOWNSHIP): Northeast Malad
(COUNTY): Oneida 360
(STATE): Idaho

21d. TIME OF INJURY (Month): May (Day): 23 (Year): 1967 (Hour): 12:30 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: drowned while attempting to swim to shore from floating dock

22. ~~I hereby certify that I attended the deceased from ... to ... that I last saw him alive on ... and that death occurred at~~ 12:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Raiford G. Benson (Degree or title): Coroner 4
23b. ADDRESS: 132 W 3 N - Malad, Idaho
23c. DATE SIGNED: May 24, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Malad City Cemetery
24d. LOCATION (City, town, or county) (State): Malad, Oneida, Idaho

DATE REC'D BY LOCAL REG.: May 25, 1967
REGISTRAR'S SIGNATURE: Ruth G. Swaner
25. EMBALMER: Raiford G. Benson
LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

JUN 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2205
Local Reg. No. 12
Reg. Dist. No. 530

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Oneida 360 424
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City
c. LENGTH OF STAY (in this place): 24 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Oneida County Hospital 132

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 360
b. COUNTY: Oneida
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Malad City SPOUSE: Wm.E.John
d. STREET ADDRESS (If rural, give location): 44 Bush /avenue

3. NAME OF DECEASED (Type or Print)
a. (First): SARAH MAE
b. (Middle): WILLIAMS
c. (Last): JOHN

4. DATE OF DEATH (Month) May (Day) 25 (Year) 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 14, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): homemaker 81
10b. KIND OF BUSINESS OR INDUSTRY: -
11. BIRTHPLACE (State or foreign country): Gwenford, Oneida, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: JOHN HENNEY WILLIAMS — BIRTHPLACE: Ogden, Weber, Ut.
14. MOTHER'S MAIDEN NAME: REBECCA MORSE — BIRTHPLACE: Samaria, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): --
16. SOCIAL SECURITY NO.: 519-42-7631-B
17. INFORMANT'S OWN SIGNATURE: x William E John — ADDRESS: Malad, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ac. glomerulonephritis — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertension
DUE TO (c) Asterioscleratic heart disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 24, 1967, *to* May 25, 1967, *that I last saw the deceased alive on* May 25, 1967, *and that death occurred at* 9:30p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 315 (Degree or title) M.D.
23b. ADDRESS: Malad, Idaho
23c. DATE SIGNED: May 27, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Samaria Cemetery
24d. LOCATION (City, town, or county) (State): Samaria, Oneida, Idaho

DATE REC'D BY LOCAL REG.: May 27, 1967
REGISTRAR'S SIGNATURE: Ruth G. Sweeten
25. EMBALMER: Raiford G. Benson — LICENSE NO.: E-351

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: BENSON FUNERAL HOME, MALAD, IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 13 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2206
Local Reg. No. 789
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 370 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oreana
LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 30 mi. so. of Oreana 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 370 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oreana
d. STREET ADDRESS (If rural, give location) Oreana

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	John	Jacob	Bachman	May 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 13, 1916	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher-Stockman 04	Cattle	Silver City, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lynn Bachman	Nebraska	Eileen Heazle	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 42 4302	Margaret J. Bachman	Oreana

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudde

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-7-52, 19__ *to* 5-3-67, 19__, *that I last saw the deceased alive on* 4-19-67, 19__ *and that death occurred at* 12:00 NOON *m., from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[illegible] 454 (Degree or title) MD	Nampa	5/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1967	Brunea Cemetery	Bruneau Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 10, 1967	Janet Stuck	[illegible]	E-487

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: ALSIP FUNERAL CHAPEL

MAY 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2207
Local Reg. No. 372
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 370 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Homedale | LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Homedale, Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Notus
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Charles	Leroy	Boatman	May 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Feb. 3, 1886	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04		Eaton Rapids, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Boatman	Unknown	Emma Smith	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	519-56-2181	X Fred L Boatman	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral Arteriosclerosis — 1 year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 1X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 8, 19 60, *to* May 8, 19 67, *that I last saw the deceased alive on* May 2, 19 67, *and that death occurred at* 8:24 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
570 MD	Caldwell Ida	5-11-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 12, 1967	Lower Boise Cemetery	Notus, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 13 1967	Andrew Warfield	Kenneth E Spence	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

AUG 7 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2208
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Owyhee 370 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Homedale Nursing Home 305

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370 b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale
d. STREET ADDRESS (If rural, give location): City

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Leonard c. (Last) Hickman

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 3, 1909

9. AGE (In years last birthday): 58 IF UNDER 1 YEAR Months: 2 Days: 23 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fruit Rancher 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Narka, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John C. Hickman BIRTHPLACE: Sheldon, Illinois

14. MOTHER'S MAIDEN NAME: Anna L. Hogle BIRTHPLACE: Narka, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT'S OWN SIGNATURE: Nina B Moore ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4168

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Rheumatic Carditis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic valvular Accidents — Years

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Jan 19 52, *to* May 26, 19 67, *that I last saw the deceased alive on* May 25, 1967, *and that death occurred at* 5 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 530 MD

23b. ADDRESS: Caldwell Ida

23c. DATE SIGNED: 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 29, 1967

24c. NAME OF CEMETERY OR CREMATORY: Marsing-Homedale

24d. LOCATION (City, town, or county) (State): Homedale, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1967

REGISTRAR'S SIGNATURE: Andrew Warfield

25. EMBALMER: Leonard C. Flahiff

LICENSE NO.: E-481

FIRM NAME: Homedale's Flahiff Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967

AUG 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2209
Local Reg. No. 392
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Owyhee 320 JUN 6 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
c. LENGTH OF STAY IN this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) City-At Home 000

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing
d. STREET ADDRESS (If rural, give location) City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lee		Anderson	May 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Mar. 16, 1893	74	2	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 29	Retired	Cedar, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Riley E. Anderson	Iowa	Ida Chase	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI 3	518-09-7099	H.R. Anderson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) ~~7954~~ Natural Causes — INTERVAL BETWEEN ONSET AND DEATH: one year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I ~~attended the deceased from~~ investigated only on ~~, 19~~ May 26, 1967, that I last saw the deceased ~~alive~~ on May 26, 1967, and that death occurred at 1:45 P m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Andrew Warfield - Coroner 4	583	Homedale Idaho	June 1 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 1, 1967	Marsing-Homedale	Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 1 1967	Andrew Warfield	Leonard C. Flaniff	E-481

FIRM NAME: Homedale's Flaniff Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16, inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2210
Local Reg. No. 25
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 380 Payette 305
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. TOWN (If outside corporate limits, write RURAL and give township) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanatarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) New Plymouth
d. STREET ADDRESS (If rural, give location) S.W. Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Camolia
b. (Middle) Estella
c. (Last) LaCrone

4. DATE OF DEATH (Month) May (Day) 2, (Year) 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 2, 1886
9. AGE (In years last birthday): 80 yrs — IF UNDER 1 YEAR: Months — Days — IF UNDER 24 HRS.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): New Plymouth, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: William Groves — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Amanda Neal — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Walker F. LaCrone — ADDRESS: New Plymouth, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

446X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic renal failure with uremia	6 months
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic glomerular nephritis with hypertension	6 yrs.
DUE TO (c)	Chronic arteriosclerotic heart disease with ischemia and decompensation.	15 yrs.
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	Chronic heart block and bradycardia	10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 6, 1967, *to* May 2, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 1:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Geo E. Davis, M.D. 131 (Degree or title)
23b. ADDRESS: New Plymouth, Idaho
23c. DATE SIGNED: 5-2-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery
24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG.: 5-5-1967
REGISTRAR'S SIGNATURE: Robert E. Shaffer
25. EMBALMER: Gifford R. Shaffer — LICENSE NO. E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2211
Local Reg. No. 21
Reg. Dist. No. 330

Certificate of Death

RECEIVED
MAY 10 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 380 Payette 101 ~~220~~
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 10 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanatarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380 b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 645 North 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Elsie b. (Middle) Emma c. (Last) Oldham

4. DATE OF DEATH (Month) (Day) (Year) May 2, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 5, 1883
9. AGE (In years last birthday): 83 yrs — IF UNDER 1 YEAR: Months - - Days - - — IF UNDER 24 HRS.: Hours - - Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Duncansville, Pennsylvania
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: R.H. Young — BIRTHPLACE: Pennsylvania
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: - - - - - -

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) - - - - - - - -
16. SOCIAL SECURITY NO. - - - - -
17. INFORMANT'S OWN SIGNATURE Joseph E Oldham — ADDRESS Payette, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic heart disease
Diabetes, Senility, Past CVA's — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) - - - - -
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) - - - - - - - -
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) - - - - - - - - - - - - - - - - - -
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) - - - - - - - - m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? - - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* May 2, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 574 (Degree or title) [signature] M.D.
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED 5-2-1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-5-1967
24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery
24d. LOCATION (City, town, or county) (State) Payette, Idaho

DATE REC'D BY LOCAL REG. May 5 1967
REGISTRAR'S SIGNATURE Robert E Shaffer
25. EMBALMER Gifford R. Shaffer
LICENSE NO. E-344
FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 11 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2212
Local Reg. No. 26
Reg. Dist. No. 32

RECEIVED
MAY 23 1967
Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 380 [redacted] Payette 21
b. CITY OR TOWN [redacted] Payette
c. LENGTH OF STAY (in this place) 17 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 415½ South 11th

3. NAME OF DECEASED (Type or Print) a. (First) Amelia b. (Middle) c. (Last) Anderson

4. DATE OF DEATH (Month) May (Day) 2 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Dec. 31, 1880

9. AGE (In years last birthday) 86
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Home maker

11. BIRTHPLACE (State or foreign country) Gunnison, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ira A. Day
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Polly A. Knoakes
BIRTHPLACE Orangeville, Cal

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE [signature]
ADDRESS Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cerebrovascular Disease — 2 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

334X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1966, *to* May 2, 1967, *that I last saw the deceased alive on* April 30, 1967, *and that death occurred at* 4:10 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 083 (Degree or title) M.D.

23b. ADDRESS Payette, Idaho

23c. DATE SIGNED 5/11/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 4, 1967

24c. NAME OF CEMETERY OR CREMATORY Mount Pleasant Cemetery

24d. LOCATION (City, town, or county) Mt. Pleasant, Sampete (State) Utah

DATE REC'D BY LOCAL REG. May 13-1967

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER [signature] LICENSE NO. E-460

FIRM NAME: Relyea Mortuary, Boise, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 7 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2213
Local Reg. No. 20
Reg. Dist. No. 330

Certificate of Death

STATE OF IDAHO

BIRTH NO.

MAY 10 1967

Bureau of Vital

1. PLACE OF DEATH
a. COUNTY 380 Payette 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place) 50 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 425 North 6th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 380
b. COUNTY Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) 425 North 6th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Frank
b. (Middle) Stephen
c. (Last) Zimmerman

4. DATE OF DEATH (Month) May (Day) 2, (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Oct. 3, 1886
9. AGE (In years last birthday) 80 yrs — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Assistant Postmaster 88
10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office
11. BIRTHPLACE (State or foreign country) Scranton, Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Stephen Zimmerman
BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Elizabeth Wood
BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-32-8771
17. INFORMANT'S OWN SIGNATURE Emma P. Zimmerman
ADDRESS Payette, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary atherosclerosis — unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/30, 1958, *to* May 2, 1967, *that I last saw the deceased alive on* 8/24, 1966, *and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomas W. Watk Jr. M.D. 5531 (Degree or title)
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED 5-2-1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5-5-1967
24c. NAME OF CEMETERY OR CREMATORY Rosedale Mem. Park
24d. LOCATION (City, town, or county) Payette (State) Idaho

DATE REC'D BY LOCAL REG. May 5-1967
REGISTRAR'S SIGNATURE Robert E. Shaffer
25. EMBALMER Gifford R. Shaffer
LICENSE NO. E-344

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Shaffer Memory Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAY 11 1967
MAY 23 1967
SEP 5 1967
OCT 26 1967
OCT 31 1967
JAN 12 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2214
Local Reg. No. 22
Reg. Dist. No. 330

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 19 - North 8th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Roase	Christen	Rumble	May 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 13, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home	Lincoln, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Nothdurft	Iowa	No record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No - - -	Unknown	Arthur C Rumble	Payette, Ida.

18. CAUSE OF DEATH 4500

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized atherosclerosis — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		- - - - -

22. *I hereby certify that I attended the deceased from* 12/23/, 1966, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 1:20p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas W Watts Jr 55P M.D.	Payette, Idaho	May 4, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	May 5, 1967	Blackfoot Cemetery	Blackfoot, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-5-67	Roberta E Shaffer	Gifford R. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2215
Local Reg. No. 27
Reg. Dist. No. 33

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
c. LENGTH OF STAY (in this place): few min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Plymouth
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Doris	Imogene	Justice	May 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Divorced 4	August 3, 1923	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home	Wilder, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy Henderson	North Dakota	Mabel Oliver	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	- - -	Unknown	Mabel O Henderson	New Plymouth Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carbon Monozide Poisoning — INTERVAL BETWEEN ONSET AND DEATH: Sev. Min.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
Suicide 2	farm 02	Rural Rt. Payette, Payette, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
May 5, 1967 8:30 a.m. 2	2	self inflicted carbon monoxide poisoning

22. *I hereby certify that I* [redacted] made [redacted] inquiry, [redacted] *that I last saw the deceased alive on* May 5 *1967 and that death occurred at* 8:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hardy Hankson 583	Coroner 4	Payette, Idaho	5/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial 01	May 8, 1967	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 8-1967	Robert E. Shaffer	Gifford P. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

SEP 13 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2216
Local Reg. No. 23
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Payette 380
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): few min
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1019 - 3rd Ave. So.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 213 South 7th St.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Josephine	Nora	Billings	May 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 5, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home	Jennings, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No record	Bohemia	No record	Bohemia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Marilyn Randall	Weiser, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary thrombosis	minutes.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive arteriosclerotic heart disease	years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - -	- - - - - - - - - - -	- - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		- - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 1961, 19___, *to* May 5, 1967, *that I last saw the deceased alive on* May 5, 1967, *and that death occurred at* 6:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
574	M.D.	Payette, Idaho	5/5/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 8, 1967	Riverside Cemetery	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-8-1967	Robert E. Shaffer	Gifford L. Shaffer	E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2217
Local Reg. No. 27
Reg. Dist. No. 330

66-8308
BIRTH NO.

Certificate of Death

RECEIVED
STATE OF IDAHO

MAY 23 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Payette 380 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette, Idaho
c. LENGTH OF STAY (If in place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Texas 44
b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Eagle Pass
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) AGUSTIN
b. (Middle) JAIME VASQUEZ
c. (Last)

4. DATE OF DEATH (Month) May (Day) 9 (Year) 1967

5. SEX Male
6. COLOR OR RACE Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married
8. DATE OF BIRTH August 14, 1966
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 8 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ---- 02
10b. KIND OF BUSINESS OR INDUSTRY ----
11. BIRTHPLACE (State or foreign country) Weiser, Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Ramon Vasquez
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Maria
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Ramon Vasquez
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5710

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastroenteritis
INTERVAL BETWEEN ONSET AND DEATH 2 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 9, 1967, *to* May 9, 1967, *that I last saw the deceased alive on* May 9, 1967, *and that death occurred at* 3:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE E. H. Carroll, M.D. 082 (Degree or title)
23b. ADDRESS Payette, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 5/10/1967
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. May 13-1967
REGISTRAR'S SIGNATURE Roberta E. Shaffer
25. EMBALMER R. Dee Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2218
Local Reg. No. 28
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 380 Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Payette Valley Sanatarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 380 Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fruitland
d. STREET ADDRESS (If rural, give location) 510 -- 4th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Hugh	W.	Elston	May	10,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	Oct. 23, 1881	85 yrs	- -	- -	- -	- -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer	own farm	Lawrence, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Elston	Nebraska	no record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - - - - - - -	Mrs Twila McGrath	Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastric Carcinoma and obstruction of esophagus and hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 7 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - - - -	- - - - - - - - - - - - - - - - - -	- -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - - - - - - - - - - - - - -

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2219
Local Reg. No. 27
Reg. Dist. No. 330

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 380 Payette 119
b. CITY OR TOWN Fruitland
c. LENGTH OF STAY IN THIS PLACE 19 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION 614 Pennsylvania Avenue ooo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 380 Payette
c. CITY OR TOWN Fruitland
d. STREET ADDRESS 614 Pennsylvania Avenue

3. NAME OF DECEASED (Type or Print): a. (First) Harry; b. (Middle) Lee; c. (Last) Haggard

4. DATE OF DEATH: (Month) May (Day) 13, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: Dec. 29, 1885

9. AGE (In years last birthday): 81 yrs | IF UNDER 1 YEAR Months - - | Days - - | IF UNDER 24 HRS. Hours - - | Min. - -

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: construction

11. BIRTHPLACE (State or foreign country): Carthage, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Haggard — BIRTHPLACE: Canada

14. MOTHER'S MAIDEN NAME: Mary Dodson — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: - - - - - - - - -

17. INFORMANT'S OWN SIGNATURE: Elva Haggard — ADDRESS: Fruitland, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4438

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bilateral pleural Effusion — 6 weeks.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour)

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 16, 1967, *to* May 13, 1967, *that I last saw the deceased alive on* May 6, 1967, *and that death occurred at* 3:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Roderick Bellknap M.D. 674 (Degree or title)

23b. ADDRESS: Ontario, Oregon

23c. DATE SIGNED: 5-13-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-15-1967

24c. NAME OF CEMETERY OR CREMATORY: Park View Cemetery

24d. LOCATION (City, town, or county) (State): New Plymouth, Idaho

DATE REC'D BY LOCAL REG. 5-15-67

REGISTRAR'S SIGNATURE: Roberta E. Shaffer

25. EMBALMER: Gifford R. Shaffer — LICENSE NO. E-344

FIRM NAME: Shaffer Memory Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2220
Local Reg. No. 31
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 23 1967 Bureau of Vital Statistics STATE OF IDAHO

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Payette 380 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY IN this place: 28 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium 243

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fruitland
d. STREET ADDRESS (If rural, give location): 4th & Utah

3. NAME OF DECEASED (Type or Print): a. (First) Lucia b. (Middle) Cristine c. (Last) Gillespie

4. DATE OF DEATH (Month) (Day) (Year): May 16 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 6 1892

9. AGE (In years last birthday): 74 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clerk 25

10b. KIND OF BUSINESS OR INDUSTRY: Dept Store

11. BIRTHPLACE (State or foreign country): North Carolina

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: John H. Reed — BIRTHPLACE: North Carolina

14. MOTHER'S MAIDEN NAME: Cegurney Brittan — BIRTHPLACE: North Carolina

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No.

16. SOCIAL SECURITY NO.: 519-20-8321A

17. INFORMANT'S OWN SIGNATURE: W P Gillespie — ADDRESS: Fruitland Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cirrhosis and Korsakoff's syndrome 6 mo
DUE TO (c): Chronic alcoholism — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* May 16, 1967, *that I last saw the deceased alive on* May 12, 1967, *and that death occurred at* 2:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Thomas W. Walker Jr M.D. — **23b. ADDRESS**: Payette, Idaho — **23c. DATE SIGNED**: 5/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 5/19/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Rosedale Memoral Gardens — **24d. LOCATION** (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: May 19-1967 — **REGISTRAR'S SIGNATURE**: Robert E. Shaffer

25. EMBALMER: Donald F. Brown — **LICENSE NO.**: E-408

FIRM NAME: Chapel of the Roses. Payette, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2221
Local Reg. No. 82
Reg. Dist. No. 330

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 131
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Payette
LENGTH OF STAY (In this place): 31 Years 243
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): 1402 2nd Ave S.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Guy	NMN	Lee	May	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER A DAY: Hours	Min.
Male	White	Widowed 2	Feb. 18 1877	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Iowa	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Lee	Marland	Sarah Rodgers	Marland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	518-14-3662	Kent S Lee	Tonasket Washington

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebrovascular Disease — Interval between onset and death: 6 mos.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic Cardiovascular Disease — 4 yrs.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Uremia Due to Benign Prostatic Hypertrophy + Obstruction — 2 mos.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 7, 1967 *to* May 17, 1967 *that I last saw the deceased alive on* May 17, 1967, *and that death occurred at* 7:50p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Ethel Arnold 083	M.D.	Payette, Idaho	5/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/20/67	Rosedal Memorial Gardens	Payette, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 19-1967	Roberta E. Hoffer	Donald F. Brown	E-408

FIRM NAME: Chapel of the Roses

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2222
Local Reg. No. 30
Reg. Dist. No. 330

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette 380 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Labor Camp 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Payette Labor Camp Cabin #14

3. NAME OF DECEASED (Type or Print)
a. (First): Elvira
b. (Middle): G.
c. (Last): Urrabazo

4. DATE OF DEATH (Month) (Day) (Year): May 17 1967

5. SEX: Female
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: June 7 1928
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Moral Coh. Mexico
12. CITIZEN OF WHAT COUNTRY?: Mexico

13. FATHER'S NAME: Victor Garcia — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Emelia Trebino — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 452-80-4430
17. INFORMANT'S OWN SIGNATURE: Claudio Urrabazo — ADDRESS: Box 425 Crystal City

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Oclusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigated, *19__, to* XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX *, 19__, that I last saw the deceased* XXXXX May 17, 1967, *and that death occurred at* 5:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Hardy Harkom 583 (Degree or title): Coronor 4
23b. ADDRESS: P.O. Box 425 Payette, Ida
23c. DATE SIGNED: 5/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5-18-67
24c. NAME OF CEMETERY OR CREMATORY: Chapel of the Roses
24d. LOCATION (City, town, or county) (State): Payette Idaho

DATE REC'D BY LOCAL REG.: May 19-1967
REGISTRAR'S SIGNATURE: Roberts E. Shaffer
25. EMBALMER: John A. Lienkaemper — LICENSE NO.: Ore 120

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bertelson-Lienkaemper

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2223
Local Reg. No. 33
Reg. Dist. No. 330

BIRTH NO.

RECEIVED MAY 31 1967 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 380 Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
LENGTH OF STAY (in this place) 20 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1015 1st Ave North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 380 Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Payette
d. STREET ADDRESS (If rural, give location) Payette

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
George	Alonzo	Chadwick	May. 29 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Nov. 29 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	Real Estate	Utah	U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Abraham Chadwick	St Louis Mo.	Mary M. Garner	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII 4	519-28-3155	X Duane L. Chadwick	Ida Payette,

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary thrombosis — 30 min
DUE TO (c) arteriosclerotic Cardiovascular Dis — 1 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 24, 1967, *to* May 29, 1967, *that I last saw the deceased alive on* May 29, 1967, *and that death occurred at* 11:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
E. E. Arnold	082 M.D.	823 Center Ave. Payette Ida.	5/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal&Burial	5/25/67	Hill Crest Cemetery	La Grande Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 26-1967	Robert E. Shaffer	Donald F. Brown Donald F. Brown	E-408

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Chapel of the Roses Payette.

DUTIES: JUN 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2224
Local Reg. No. 37
Reg. Dist. No. 330

RECEIVED JUN 2 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Payette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
c. LENGTH OF STAY (In this place): 26 Mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Payette Valley Sanitarium

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Payette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Payette
d. STREET ADDRESS (If rural, give location): Rt 1 Box 73

3. NAME OF DECEASED (Type or Print): a. (First) Charley; b. (Middle) Nelson; c. (Last) Ferguson

4. DATE OF DEATH: (Month) May (Day) 27 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 3/27/1880

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A

13. FATHER'S NAME: Thomas Ferguson
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Rutha Jane Montgomery
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-44-2043

17. INFORMANT'S OWN SIGNATURE: Elsie L Wood
ADDRESS: Rt 1 Box 73 Payette Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease and failure — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1961, 19__, *to* May 27, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 9:20a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D.

23b. ADDRESS: 16 S. 9th Payette, Idah

23c. DATE SIGNED: 5/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal&Burial

24b. DATE: 5/29/67

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 5-28-67

REGISTRAR'S SIGNATURE:

25. EMBALMER: Donald F. Brown

LICENSE NO.: E-408

FIRM NAME: Chapel of the Roses

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 0 4 2016

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2225
Local Reg. No. 19
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SHERMAN
b. (Middle):
c. (Last): HANSEN

4. DATE OF DEATH (Month) (Day) (Year): May 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 30, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days 1 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farm
11. BIRTHPLACE (State or foreign country): Kendrick, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Andrew Hansen — BIRTHPLACE: Iowa
14. MOTHER'S MAIDEN NAME: Susan Maxwell — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-01-5033
17. INFORMANT'S OWN SIGNATURE: X Gladys Hansen — ADDRESS: Aberdeen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

177X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cancer of prostate — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): c̄ metastasis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-11-, 1962, *to* 5-1-, 1967, *that I last saw the deceased alive on* 5-1-, 1967, *and that death occurred at* 4:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 141 1
23b. ADDRESS: American Falls, Idaho
23c. DATE SIGNED: 5-4-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial 3
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen, Idaho

DATE REC'D BY LOCAL REG.: 5-9-67
REGISTRAR'S SIGNATURE: Colleen Hadfield
25. EMBALMER: [signature] H. L. Davis — LICENSE NO.: E-253

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

MAY 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED MAY 1 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2226
Local Reg. No. 20
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
c. LENGTH OF STAY (in this place): 6 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
KATIE		FRIESEN	May 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Sept. 13, 1884	82	7	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Whitewater, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Ensz	Russia		Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-01-6577	Waldo H. Friesen	Am. Falls, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Metastatic carcinoma Rt Breast	3 Mo.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Carcinoma breast with pleural effusion	six wks
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cardiac decompensation	6 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Oct. 19, 1965	Adenocarcinoma of right breast (simple mastectomy)	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct. 11, 1965, *to* May 3, 1967, *that I last saw the deceased alive on* May 2 1967, *and that death occurred at* 1:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
F L Harris 203 M D	American Falls, Idaho	May 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	5-6-67	Homestead Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Carmen Hadfield	Bud Kelly Bud Kelly	E-467

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2227
Local Reg. No. 22
Reg. Dist. No. 500-602

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LUCILLE	WALLACE	MUIRBROOK	May	4,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Sept. 14, 1905	61	7	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School teacher 12	Schools	Murray, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Park	Utah	Emma Miller	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	516-20-1614	Lucille Muirbrook	Aberdeen, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Metastatic carcinoma from colon — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Adenocarcinomatosis (colon) — 3 wks

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Had healed gastric ulcer

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Ap. 24, 1967	Adenocarcinoma right colon with metastaes	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb. 27, 1967, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 12:15A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or Title)	23b. ADDRESS	23c. DATE SIGNED
J. L. Harris MD	American Falls, Idaho	May 8, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	5-9-67	Aberdeen Cemetery	Aberdeen, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Callene Hadfield	H. L. Davis	E-253

FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 16 1967 Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2228
Local Reg. No. 21
Reg. Dist. No. 390-402

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Power 390 311
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
LENGTH OF STAY (in this place): 11 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Power County Hospital 137

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 390
b. COUNTY: Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): American Falls
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
C.	Otis	Roseberg	May 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 16, 1899	67	8	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 09	Hi-way Dist.	McPherson, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl Albert Roseberg	Kansas	Hannah Johnson	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	510-01-5790A	Mrs. Otis Roseberg	Am. Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Cardiac decompensation	2 mo
DUE TO (c)	Chronic myocarditis	3 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Amyetropic lateral sclerosis	6 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April, 62, *to* May 4, 67, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 4:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
H. L. Harris	203 M.D.	American Falls, Idaho	5-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 8, 1967	Fallsview Cemetery	American Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Callene Hadfield	Bud Kelly Bud Kelly	E-467

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2229
Local Reg. No. 24
Reg. Dist. No. 500-602

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Farm Home, SW, Am. Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (American Falls)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) GUSTAV
c. (Last) RINGE

4. DATE OF DEATH (Month) (Day) (Year) May 27, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 22, 1907
9. AGE (In years last birthday) 60 — IF UNDER 1 YEAR Months 3 Days 5 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Helix, Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry C. Ringe — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Meta Muller — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 540-28-8576
17. INFORMANT'S OWN SIGNATURE Mrs. M. Agnes Ringe — ADDRESS Am. Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1621

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Delerium and malnutrition — INTERVAL BETWEEN ONSET AND DEATH 1 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic bronchiogenic Carcinoma right lung — four month
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1-30-67
19b. MAJOR FINDINGS OF OPERATION Removal of scalenus gland, showed bronchiogenic ca
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Sep 14, 1966, *to* May 26, 1967, *that I last saw the deceased alive on* May 26, 1967, *and that death occurred at* 10:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE F. L. Harms, 203 (Degree or title) M.D.
23b. ADDRESS American Falls, Idaho
23c. DATE SIGNED 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY Fallsview Cemetery
24d. LOCATION (City, town, or county) American Falls, (State) Idaho

DATE REC'D BY LOCAL REG. 6-6-67
REGISTRAR'S SIGNATURE Colleen Hoofield
25. EMBALMER H. L. Davis — LICENSE NO. E-253

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Davis Furniture & Mortuary, Inc.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 8 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2230
Local Reg. No. 25
Reg. Dist. No. 500-602

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Power 390 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) American Falls
LENGTH OF STAY (In this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Power County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390 b. COUNTY Power
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rockland
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JOSEPH	A.	GILSON	May 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	June 19, 1891	75	11	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farm	Panguitch, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Gilson	Iowa	Emma Alphin,	Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-16-6840	X Mrs. Virgil Schmitt	Rockland, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 537 Pneumonia CVA — INTERVAL BETWEEN ONSET AND DEATH 24h

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema & Fibrosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-26-, 19 62 *to* 5-30-, 1967, *that I last saw the deceased alive on* 5-30-, 1967, *and that death occurred at* 1:20P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] M.D.	American Falls, Idaho	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	6-5-67	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-6-67	[signature]	[signature] H. L. Davis	E-253

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Davis Furniture & Mortuary, Inc.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided~~ in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2231
Local Reg. No. 40
Reg. Dist. No. 142

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 401 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 488
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kingston
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Mabel b. (Middle) C. c. (Last) Warner

4. DATE OF DEATH: (Month) May (Day) 1 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 16, 1895

9. AGE (In years last birthday): 72
If under 1 year: Months / Days
If under 1 hr.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Virginia City, Mont.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: UnKnown
BIRTHPLACE: UnKnown

14. MOTHER'S MAIDEN NAME: UnKnown
BIRTHPLACE: UnKnown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S OWN SIGNATURE: Rina Warner
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonic Pleural Effus. — 53 days
DUE TO (c) Arterio sclerotic Heart Disease & Heart Failure — 53 days

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Essential Hypertension — 5 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1952 *to* 1 May, 19 67 *that I last saw the deceased alive on* 1 May, 19 67, *and that death occurred at* 4:30 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Glen M. Mitchell (Degree or title) M.D.
23b. ADDRESS: Kellogg, Idaho
23c. DATE SIGNED: 3 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Greenwood
24d. LOCATION (City, town, or county) (State): Kellogg, Idaho

DATE REC'D BY LOCAL REG.: 5/9/67
REGISTRAR'S SIGNATURE: J. C. Simms
25. EMBALMER: Donald Maisel
LICENSE NO.: 452
FIRM NAME: Maisel Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2232
Local Reg. No. 43
Reg. Dist. No. 142

BIRTH NO.

RECEIVED MAY 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 400
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Osburn
LENGTH OF STAY (in this place): few hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silver Dollar Mine 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Shoshone 400
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): Osburn, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	EDWARD	G.	DONOVAN	May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Divorced 4	June 3, 1912	54		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Mining	Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Donovan	Unknown	Nora Johnson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	517-10-3636	Employment Records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9022 Fractured Neck, Compound Fracture — INTERVAL BETWEEN ONSET AND DEATH: few seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) of Skull, multiple lacerations Contusions of forehead, face lip + scalp. Severe Contusion
DUE TO (c) of neck, both shoulders + upper back

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Contusion of chest
Multiple Contusion of body

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE)
accident	Silver Dollar Mine	Osburn Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5-2-67 about 12:45 P.m.	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	See reverse side under additional remarks.

22. *I hereby certify that I attended the deceased from* 5-2 *19*67, *to* 5-2, *19*67, *that I last saw the deceased alive on* 5-2, *19*67, *and that death occurred at* about 5:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G.M. Peterson, M.D. 414	Wallace, Idaho	5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 5, 1967	Conrad Mem. Cem.	Kalispel, Montana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Joe Dakin	Donald Maisel	452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician (21f.) Shaft sets gave way above Silver Dollar mine shaft station, while men were repairing and they fell about 50 feet with the shaft cage.

Certificate of Death

STATE OF IDAHO

State File No. 2233
Local Reg. No. 44
Reg. Dist. No. 142

BIRTH NO.

RECEIVED MAY 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: Shoshone 408

b. CITY OR TOWN (If outside corporate limits, write RURAL and give name of township): Rural Osburn

c. LENGTH OF STAY (in this place): few hours

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Silver Dollar Mine 404

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 407

b. COUNTY: Shoshone

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kellogg

d. STREET ADDRESS (If rural, give location): 320 Deadwood Gulch

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
HANS		GUNDERSON	May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 26, 1915	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner 07	Mining	North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hans Gunderson	Norway	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	502-05-0650	Mrs Doris Gunderson	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Compound Fracture of Skull, Fractured Neck, Multiple contusion + lacerations of skull face + scalp — INTERVAL BETWEEN ONSET AND DEATH: Few seconds

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe comminuted fracture of right tibia & fibula

DUE TO (c) Severe Contusions of both shoulders, neck, upper back

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Multiple Contusions of body

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident	Silver Dollar Mine	Osburn Shoshone Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☑ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
5-2-67 about 12:45 P.m.		See reverse side under additional remarks.

22. *I hereby certify that I attended the deceased from* 5-2 19 67 *to* 5-2-67 19 ____, *that I last saw the deceased alive on* 5-2- 19 67, *and that death occurred at* about 12:45 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
G. M. Peterson, M.D. 414	Wallace, Idaho	5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1967	Greenwood	Kellogg, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Joe Quinn	Donald Maisel	452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAY 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician (21f.) Shaft sets gave way above Silver Dollar mine shaft station, while men were repairing and they fell about 50 feet with the shaft cage.

State File No. 2234
Local Reg. No. 42
Reg. Dist. No. 142

Certificate of Death

RECEIVED MAY 23 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: SHOSHONE 401 306
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KELLOGG
c. LENGTH OF STAY (in this place): 6 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST SHOSHONE GEN. HOSP. 401

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 408
b. COUNTY: SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WARDNER
d. STREET ADDRESS (If rural, give location): 614 MAIN ST.

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): R.
c. (Last): FUDGE

4. DATE OF DEATH (Month) (Day) (Year): MAY 4, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: MAR. 28, 1877
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE OR
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): ENGLAND
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: JAMES BECKWORTH — BIRTHPLACE: ENGLAND
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: ENGLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service): NONE
16. SOCIAL SECURITY NO.: 518-12-8146
17. INFORMANT'S OWN SIGNATURE: D. Vera Krewson — ADDRESS: 5705

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Upper gastrointestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 mos

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteoporosis with fractures spine — 2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/29, 1967, *to* 5/4, 1967, *that I last saw the deceased alive on* 5/4, 1967, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Orland B. Scott — 461 (Degree or title)
23b. ADDRESS: Kellogg Idaho
23c. DATE SIGNED: 5/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: RESTLAWN
24d. LOCATION (City, town, or county) (State): COEUR D'ALENE, IDAHO

DATE REC'D BY LOCAL REG.: 5-12-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Donald Maisel — LICENSE NO. 452

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 17 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2235
Local Reg. No. 33
Reg. Dist. No. 140

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Anton		Mattei	May 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed	Jan. 17, 1887	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Miner	Mining	Italy	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	518-05-0403	X Hospital Records	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic heart disease — 4 years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 3 May, 1967, *to* 7 May, 1967, *that I last saw the deceased alive on* 6 May, 1967, *and that death occurred at* 7:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J Revelli MD 435	Wallace, Idaho	5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 10, 1967	Mullan Cemetery	Mullan Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
May 9-67	Dale Cornell	Dale L. Cornell	E 406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's ward Funeral nome

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2236
Local Reg. No. 41
Reg. Dist. No. 142

RECEIVED
MAY 23 1967
BUREAU OF VITAL STATISTICS

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 16 Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kellogg
c. LENGTH OF STAY (In this place) 16 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) West Shoshone Gen. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 108
b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wardner
d. STREET ADDRESS (If rural, give location) 413 Main street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marilla		King	May 8. 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow 2	Aug. 21. 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None 332X	518-54-1237	Mrs Ruby Crum	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-22, 1967, *to* 5-8, 1967, *that I last saw the deceased alive on* 5-8, 1967, *and that death occurred at* 5 25 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Austin 494	MD	Kellogg Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 11, 1967	Greenwood	Kellogg Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Joe Dunn	Donald Meisel	E452

FIRM NAME: Meisel Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967
OCT 21 2004

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to sign the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2237
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 401 SHOSHONE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KELLOGG
c. LENGTH OF STAY (in Statistics) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WEST SHOSHONE GEN. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 401 SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KELLOGG
d. STREET ADDRESS (If rural, give location) 628 A. HILL ST.

3. NAME OF DECEASED (Type or Print)
a. (First) SHIRLEY
b. (Middle) ANN
c. (Last) PENNINGTON

4. DATE OF DEATH (Month) (Day) (Year) MAY 10, 1967

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH MAY 14, 1956
9. AGE (In years last birthday) 10 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT 03
10b. KIND OF BUSINESS OR INDUSTRY SCHOOL
11. BIRTHPLACE (State or foreign country) ARIZONA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME THOMAS PENNINGTON — BIRTHPLACE WEST VIRGINIA
14. MOTHER'S MAIDEN NAME JOYCE DUNN — BIRTHPLACE ARIZONA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. NONE
17. INFORMANT'S OWN SIGNATURE — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant glioma of cerebellum — INTERVAL BETWEEN ONSET AND DEATH about 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 22 June, 1966, *to* 10 May, 1967, *that I last saw the deceased alive on* 10 May, 1967, *and that death occurred at* 8:40 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Robert W. Cordwell, M.D. 105 (Degree or title)
23b. ADDRESS Kellogg, Idaho
23c. DATE SIGNED 12 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 13, 1967
24c. NAME OF CEMETERY OR CREMATORY SHOSHONE MEM. GRDNS.
24d. LOCATION (City, town, or county) PINEHURST, (State) IDAHO

DATE REC'D BY LOCAL REG. 5-24-67
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Donald Maisel
LICENSE NO. 402

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 1 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 25 1967 (Vital Statistics)

Certificate of Death

STATE OF IDAHO

State File No. 2238
Local Reg. No. 32
Reg. Dist. No. 140

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Shoshone 402
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wallace
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Providence Hospital 138

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 400
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osburn
d. STREET ADDRESS (If rural, give location): 110 Mullan Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edmund	J.	Sisson	May 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Oct. 1, 1925	41		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Setter 09	Newspaper	Pasco, Washington	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edmund Burke Sisson	Unknown	Stella Violet Van Curler	Un.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	WW II 4	516-20-5959	Irvin P. Sisson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH: Instaneous

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident 1	Sisters Mine 11	Wallace 13	402 Shoshone	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
5-12-67 5:35 P m. 2	WHILE AT WORK ☒ NOT WHILE AT WORK ☐	Cave-in at Sisters Mine

22. *I hereby certify that I attended the deceased from* 5-12 1967 *to* 5-12, 1967, *that I last saw the deceased alive on* 5-12, 1967, *and that death occurred at* about 5:35 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Peterson 414	M.D.	Wallace Idaho	5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	5-16-67	Pinecrest Cemetery	Sandpoint	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-23-67	Hale Harwell	Dale L. Cornell	E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service
Form OH-63021

DUTIES:

MAY 25 1967

JUN 1 1967

JUN 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2239
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

RECEIVED MAY 31 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: 401 SHOSHONE 595
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KELLOGG
c. LENGTH OF STAY (in this place): FEW MIN
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): WEST SHOSHONE GEN. HOSP.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 82 ALASKA
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JUNEAU
d. STREET ADDRESS (If rural, give location): BOX 614 - JUNEAU, ALASKA

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DALE	G.	WILLIAMS	MAY	15,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED 3	APRIL 3, 1924	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
DEP. COMMISSIONER	STATE OF ALASKA	WASHINGTON	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ADDISON WILLIAMS	WASH.	ALTA GREGORY	UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	4 W.W. II 42-81	518-12-9624	Mrs Nadine Williams	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* MAY 15, 1967, *to* MAY 15, 1967, *that I last saw the deceased alive on* MAY 15, 1967, *and that death occurred at* 2:25 A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Orland B. Scott 461	MD	Kellogg Idaho	5/1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	MAY 22, 1967	EVERGREEN	JUNEAU, ALASKA

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67		Donald Maisel	452

FIRM NAME: MAISEL FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2240
Local Reg. No. 45
Reg. Dist. No. 142

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 400 SHOSHONE 109
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SILVERTON
c. LENGTH OF STAY (in this place) 9 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) COUNTY NURSING HOME 158

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 401 SHOSHONE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KELLOGG
d. STREET ADDRESS (If rural, give location) KELLOGG, IDAHO

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) J.
c. (Last) TIMKEN

4. DATE OF DEATH (Month) (Day) (Year) MAY 19, 1967

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED
8. DATE OF BIRTH NOV. 2, 1880
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED MINER 07
10b. KIND OF BUSINESS OR INDUSTRY MINING
11. BIRTHPLACE (State or foreign country) KANSAS
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME UNKNOWN — BIRTHPLACE UNKNOWN
14. MOTHER'S MAIDEN NAME UNKNOWN — BIRTHPLACE UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service) NONE
16. SOCIAL SECURITY NO. 518-01-3416
17. INFORMANT'S OWN SIGNATURE HOSPITAL RECORDS — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — Several years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1960, *to* 5-19, 1967, *that I last saw the deceased alive on* 5-19, 1967, *and that death occurred at* 2:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE G. M. Peterson, M.D. 414 (Degree or title)
23b. ADDRESS Wallace, Idaho
23c. DATE SIGNED 5-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE MAY 23, 1967
24c. NAME OF CEMETERY OR CREMATORY GREENWOOD
24d. LOCATION (City, town, or county) KELLOGG, (State) IDAHO

DATE REC'D BY LOCAL REG.
REGISTRAR'S SIGNATURE
25. EMBALMER Robert G. Ross — LICENSE NO. E-497

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MAISEL FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAR 27 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2241
Local Reg. No. 37
Reg. Dist. No. 140

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 400 Shoshone 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery - Rural
c. LENGTH OF STAY (in this place): Unknown
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 800 At Home 5 miles west Avery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 405 Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Avery
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print): a. (First) Alvin b. (Middle) William c. (Last) Stanley

4. DATE OF DEATH: (Month) May (Day) 20, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	June 13, 1897	69				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Painter 21	Unknown	Wallace, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Stanley	Unknown	Augustos	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I 3	518-12-3797	X Edna Stanley	Avery Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — Interval between onset and death: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* DOA, 19__, *to* 5-20, 1967, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. D. Thurston 533 (Degree or title) MD	St. Maries Idaho	5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 24, 1967	Nine Mile Cemetery	Wallace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-14-67	Dale Cornell	Dale L. Cornell	E 406

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME Cornell's Ward Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1967

JUN 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2242
Local Reg. No. 34
Reg. Dist. No. 140

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 402 Shoshone JUN 6 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 400 b. COUNTY Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) P.O. Box 250

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Julie	Rae	Foote	May	25,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	1	May 23, 1967			2		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02		Wallace, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Paul Woodrow Foote	Oklahoma	Sharon Fausett	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	X Paul Foote Jr.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable congenital heart defect — INTERVAL BETWEEN ONSET AND DEATH: birth

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* birth, 19___, *to* 5/25/67, 19___, *that I last saw the deceased alive on* 5/25/67, 19___, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kent J Kunelli	435 md	Wallace, Idaho.	5/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-27-67	Shoshone Memorial	Pinehurst Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-26-67	Dale Cornell	Dale L. Cornell	E 406

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cornell's Ward Funeral Home

b-67-4861

JUL 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2243
Local Reg. No. 36
Reg. Dist. No. 140

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 400 Shoshone
b. CITY OR TOWN Wallace
LENGTH OF STAY (in this place) 2000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence 139

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 400 Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osburn
d. STREET ADDRESS (If rural, give location) Box 260

3. NAME OF DECEASED (Type or Print)
a. (First) Aida
b. (Middle) Maria
c. (Last) Bonato

4. DATE OF DEATH (Month) (Day) (Year) May 29, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH April 23, 1892

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 07

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Canton, Pennsylvania

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Daniel Jenkins
BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Lillian Wolfa
BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-03-3467

17. INFORMANT'S OWN SIGNATURE Hospital Records
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Cerebral Hemorrhage
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 19, 1967, *to* May 29, 1967, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE 168 (Degree or title)

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 1-67

24c. NAME OF CEMETERY OR CREMATORY Osburn

24d. LOCATION (City, town, or county) (State) Osburn, Idaho

DATE REC'D BY LOCAL REG. 5-31-67

REGISTRAR'S SIGNATURE Dale Cornell

25. EMBALMER Dale L. Cornell
LICENSE NO. E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2244
Local Reg. No. 35
Reg. Dist. No. 140

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUN 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH a. COUNTY 402 Shoshone 000	2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Idaho 400 b. COUNTY Shoshone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wallace c. LENGTH OF TIME (In this place)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gem
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Providence 139	d. STREET ADDRESS (If rural, give location) Star Route

3. NAME OF DECEASED (Type or Print) a. (First) Vernon b. (Middle) c. (Last) Christman

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH May 18, 1945

9. AGE (In years last birthday) 22 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07

10b. KIND OF BUSINESS OR INDUSTRY Mining

11. BIRTHPLACE (State or foreign country) Fairview, Montana

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Christman — BIRTHPLACE Unknown

14. MOTHER'S MAIDEN NAME Emma Richau — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-50-7721

17. INFORMANT'S OWN SIGNATURE X Francis Wilkinson — ADDRESS

18. CAUSE OF DEATH 2041
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myelogenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH 1 yr

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-28, 1963, *to* 5-30, 1967, *that I last saw the deceased alive on* 5-30, 1967, *and that death occurred at* 1:55a *m., from the causes and on the date stated above.*

23a. SIGNATURE E. E. Smaldinger MD 182 (Degree or title)

23b. ADDRESS Wallace, Idaho

23c. DATE SIGNED 5-31-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 3, 1967

24c. NAME OF CEMETERY OR CREMATORY Nine Mile Cemetery

24d. LOCATION (City, town, or county) (State) Wallace, Idaho

DATE REC'D BY LOCAL REG. 6-2-67

REGISTRAR'S SIGNATURE Dale L Cornell

25. EMBALMER Dale L. Cornell — LICENSE NO. E 406

FIRM NAME: Cornell's Ward Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

JUL 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED MAY 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2245
Local Reg. No. 3
Reg. Dist. No. 620

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Teton 410 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Teton Valley Hospital 142

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410 b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Driggs
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOSEPH	SAMUEL	BEARD	May 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	3 April 1895	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher 04	Ranching	Coalville, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Thomas Beard	Coalville, Utah	Mary Goodworth	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWI 3	520-26-8859	x Mrs. Delila Beard	Driggs, Id

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Ventricular Asystole 4200	Immed
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASHD + MI	2 months
DUE TO (c)		

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1961, *to* May 1, 1967, *that I last saw the deceased alive on* May 1, 1967, *and that death occurred at* 8:50P a. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
K Heal 219	MD	Driggs, Idaho	5-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	4 May 1967	Cache-Clawson Cemetery	Tetonia, Teton Co., Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-9-67	Ella Griggs	Robert Bean	E-456

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bean Funeral Home

SEP 16 1998

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2246
Local Reg. No. 4
Reg. Dist. No. 620

BIRTH NO.

RECEIVED JUN 2 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Teton 410 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 410
b. COUNTY: Teton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Tetonia
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print): a. (First) JAMES b. (Middle) ALBERT c. (Last) SHAW

4. DATE OF DEATH (Month) (Day) (Year): 21 May 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 12 Sept. 1888

9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Salem, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Osmond Weilding Shaw — BIRTHPLACE: Salt Lake City, Ut.

14. MOTHER'S MAIDEN NAME: Melissa Ann Atwood — BIRTHPLACE: Harbor Erie, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: 519-42-8138

17. INFORMANT'S OWN SIGNATURE: Mamie J Shaw — ADDRESS: Tetonia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cachexia — INTERVAL BETWEEN ONSET AND DEATH: 2 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Renal Flr-partial — 2 wks
DUE TO (c): ASHD — 5 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Sepsis

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* July, 1961, *to* May 21, 1967, *that I last saw the deceased alive on* May 21, 1967 *and that death occurred at* 11:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE: K Heal MD (Degree or title)
23b. ADDRESS: Driggs, Idaho
23c. DATE SIGNED: 5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 25 May 1967
24c. NAME OF CEMETERY OR CREMATORY: Cache-Clawson Cemetery
24d. LOCATION (City, town, or county) (State): Tetonia, Teton Co., Idaho

DATE REC'D BY LOCAL REG.: 5-26-67
REGISTRAR'S SIGNATURE: Ella Griggs
25. EMBALMER: Robert R Bean
LICENSE NO.: E-456
FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JAN 15 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2247
Local Reg. No. 0-179
Reg. Dist. No. 460

RECEIVED
MAY 10 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
c. LENGTH OF STAY (in this place) 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 430 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 914 Robertson Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JOHN	H.	PAYNE	May 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 16, 1904	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 84	Agriculture	Lily, South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry H. Payne	Minnesota	Hannah Docken	Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Nellie Payne	914 Robertson Buhl, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1818

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH 1½ yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Uremia — 2 wks.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 4-22 *19*64, *to* May 1, *19*67, *that I last saw the deceased alive on* May 1, *19*67, *and that death occurred at* 6:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson	M.D.	Buhl, Ida	5-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/3/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-12-67	Pamela J. Johnson	George Forner	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 12 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2248
Local Reg. No. 10-173
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 420 Twin Falls
b. CITY OR TOWN Buhl
c. LENGTH OF STAY (in this place) 14 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 212 14th Ave. North

7. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 212 14th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	NELLIE	W.	SCHICK	May 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Mar. 15, 1882	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Ijselmonde, Netherlands	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cornelius Westbroek	Netherlands	Adriaantje Pijl	Netherlands

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		330X	Ruby Eldredge	Rt. 2 Burke

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nat 5 1967 *to* 7 May 2 1967, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:00 2nd *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William J. Dowdy 661	120 9th Ave N Buhl Ida	5/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/5/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-9-67	Pamela J. Johnson	George Farmer	E-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

APR 1 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 9 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 04 1996

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 06 2012

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2249
Local Reg. No. D-172
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 12 1967

1. PLACE OF DEATH
a. COUNTY Twin Falls (42) 008
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls Burcau (township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) M.V.M. Hospital 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hazelton (rural)
d. STREET ADDRESS (If rural, give location) Rt. 1, Box 39A

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARION	IRENE	BOWLIN	May 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	May 13, 1933	33		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Los Angeles, Calif.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward Tannekait	Illinois	Irene V. Cummins	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	542 26 8840	X Eugene Bowlin	Hazelton, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 sec.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Electrolyte imbalance
DUE TO (c) Uremia - Kimmelstiel Wilson

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* May 3, 1967, *that I last saw the deceased alive on* May 3, 1967, *and that death occurred at* 5:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. W. Kendall M.D.	206 Martin, Twin Falls, Ida	5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 6, 1967	Jerome Cemetery	Jerome, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-5-67	Pamela J. Johnson	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Hove Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2250
Local Reg. No. 10-125
Reg. Dist. No. 240

RECEIVED MAY 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 72
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 1225 10th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) EVA b. (Middle) MARIE B. c. (Last) PARIS

4. DATE OF DEATH: (Month) May (Day) 6, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Jan. 26, 1902	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07	Homemaking	Ponca, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Peterson	Sweden	Dora Gould	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	-----	519-28-0167	Madine A. Moon	Littleon, Colorado

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal Cell Carcinoma, Rt Kidney "

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/4/67	Renal Cell Carcinoma, Rt Kidney	YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5/2, 1967, *to* 5/6, 1967, *that I last saw the deceased alive on* 5/5, 1967, *and that death occurred at* 5:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
George T. Davis	132 M.D.	Twin Falls, Id	5/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 9, 1967	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-11-67	Pamela J. Johnson		

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2251
Local Reg. No. D-174
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED
MAY 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): EDGAR
b. (Middle): D.
c. (Last): VINCENT

4. DATE OF DEATH (Month) (Day) (Year): May 6, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 27, 1894
9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Taylorville, Illinois
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry Vincent — BIRTHPLACE: Earlin, Iowa
14. MOTHER'S MAIDEN NAME: Minerva Baird — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW1 3
16. SOCIAL SECURITY NO.: 519-10-1025
17. INFORMANT'S OWN SIGNATURE: Marian R. Vincent — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19—, *to* —, 19—, *that I last saw the deceased alive on* May, 19—, *and that death occurred at* 6:10 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 118
23b. ADDRESS: 122 9th ave No Buhl Idaho
23c. DATE SIGNED: 5-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-11-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 16 1967 Bureau of Vital Statistics

State File No. 2252
Local Reg. No. 0-177
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 4 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Highway 30

3. NAME OF DECEASED (Type or Print): a. (First) HARRY b. (Middle) c. (Last) STREU

4. DATE OF DEATH: (Month) May (Day) 9, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married 3	Dec. 2, 1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired (civil Serv) 08	U.S. Govt	Mt. Clemens, Michigan	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
August Streu	Michigan	Nora Ellis	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	- - - -	377-18-2358	Mrs Annie M Streu	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Occlusion	Instant
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Acute Urinary Retention.	10 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
5/5/67	Benign Prostatic Hypertrophy with Prostatic Calculi	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
- - - -	- - - - -	- - - - - - - - - - - - - - - - - -

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
- - - - - - m.		- - - - - - - - - - - - - - - - - -

22. *I hereby certify that I attended the deceased from* 5/2, *1967, to* 5/9, *1967, that I last saw the deceased alive on* 5/9, *1967, and that death occurred at* 5:30p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Leroy T Davis M.D. 132 (Degree or title)	Twin Falls, Idaho	5-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	5-13-67	Aulto Rest Cemetery	Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-11-67	Pamela J. Johnson	Dale P. Patterson	E-451

FIRM NAME: TWIN FALLS MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 1 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 17 1987

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

DEC 11 1987

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2253
Local Reg. No. 12-178
Reg. Dist. No. 460

BIRTH NO.

RECEIVED
MAY 19 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 261
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 205 14th Ave. N.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FANNIE	ADKINS	STOVER	May 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	June 1, 1887	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Sioux, North Carolina	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
David Adkins	Virginia	Delilah Howell	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-26-8931	Brookylene D. Martin	128 Martin Twin Falls Ida

18. CAUSE OF DEATH 4281

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 38 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Bilateral Bronchopneumonia 30 days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11-4, 1966, *to* May 9, 1967, *that I last saw the deceased alive on* May 8, 1967, *and that death occurred at* 9:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson, M.D. 011	Buhl, Idaho	5-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/11/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-17-67	Pamela J. Johnson	Robert R. Dickard	E-312

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DV-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: FEB 12 1976

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2254
Local Reg. No. D-76
Reg. Dist. No. 460

RECEIVED MAY 16 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN: Twin Falls
c. LENGTH OF STAY IN THIS PLACE: 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Magic Valley Mem. Hosp. 43

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 265 Van Buren

3. NAME OF DECEASED (Type or Print): a. (First) ISAAC b. (Middle) JAMES c. (Last) SLY

4. DATE OF DEATH (Month) (Day) (Year): May 10, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 12, 1906

9. AGE (In years last birthday): 60 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardner 04

10b. KIND OF BUSINESS OR INDUSTRY: Gardening

11. BIRTHPLACE (State or foreign country): Oklahoma

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Claude Sly — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Linnie Rogers — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-03-0856

17. INFORMANT'S OWN SIGNATURE: Lora Sutmiller — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Cardiac arrest — INTERVAL BETWEEN ONSET AND DEATH: 4200

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic heart desease — INTERVAL BETWEEN ONSET AND DEATH: years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-13, 1950, *to* 5-10, 1967, *that I last saw the deceased alive on* 5-7, 1967, *and that death occurred at* 2:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean H. Affleck MD

23b. ADDRESS: Twin Falls

23c. DATE SIGNED: 11 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5-12-67

24c. NAME OF CEMETERY OR CREMATORY: Twin Falls Cemetery

24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 5-11-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: William L. Boyd — LICENSE NO.: E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Vern Hardison

Certificate of Death

STATE OF IDAHO

State File No. 2255
Local Reg. No. 12-186
Reg. Dist. No. 760

RECEIVED MAY 25 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 220 Twin Falls 104
b. CITY OR TOWN Buhl
c. LENGTH OF STAY (in this place) 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 240 Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Gladys	Velma	Lauder	May 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	Feb. 20, 1902	65				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teacher 12	Deaf & Blind	Homer, Louisiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emanuel M. Evans	Alabama	Mary Agnes Wheeler	Louisiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-28-5125	Linda Lauder	Las Vegas, Nev.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: last year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis Agitans — 10 yrs
DUE TO (c) chronic infection of decubitus ulcer-severe — 1 yr.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

350X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Dec ____, 19 66 *to* May 11, 19 67, *that I last saw the deceased alive on* ____, 19 ____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern Hardison M.D.	Buhl, Idaho	5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 15, 1967	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67	Pamela J. Johnson	Robert L. Meyer	6E-424

FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service

Form DH-65021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2256
Local Reg. No. D-183
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAY 23 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (If this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
d. STREET ADDRESS (If rural, give location): Route#2

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): K.
c. (Last): BERG

4. DATE OF DEATH (Month) (Day) (Year): May 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 1, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer & Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Tomahawk, Wisconsin
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Julius Iverson Berg — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Ella Christopherson — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 545-48-9040-A
17. INFORMANT'S OWN SIGNATURE: Elizabeth M Berg — ADDRESS: Wendell, Idaho

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): aspiration — INTERVAL BETWEEN ONSET AND DEATH: 1/2 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): aortic aneurysm — 1 yr.
DUE TO (c): arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [XX] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-9, 1967, *to* 5-12, 1967, *that I last saw the deceased alive on* 5-12, 1967, *and that death occurred at* 6:40P. *m., from the causes and on the date stated above.*

23a. SIGNATURE 064 (Degree or title): Harry F Brumbach Jr MD
23b. ADDRESS: Twin Falls, Idaho
23c. DATE SIGNED: 5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5.16.67
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: 343

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: White Mortuary-TwinFalls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 22 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

[redacted]

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUN 12 2009

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

AUG 15 2013 x2

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Gwo 21,480 ✓

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2257
Local Reg. No. D-181
Reg. Dist. No. 460

BIRTH NO.

MAY 23 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LEAST STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Memorial Hosp. 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 421
b. COUNTY Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
d. STREET ADDRESS (If rural, give location) 130 West Addison

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) R.
c. (Last) McMILLAN

4. DATE OF DEATH (Month) (Day) (Year) May 14, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Dec. 18th, 1882
9. AGE (In years last birthday) 84 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer and Stockman
10b. KIND OF BUSINESS OR INDUSTRY 04
11. BIRTHPLACE (State or foreign country) Altuna, Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME John McMillan — BIRTHPLACE Unknown
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 36 9359
17. INFORMANT'S OWN SIGNATURE [signature] — ADDRESS Twin Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1778

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma prostate c̄ — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) widespread metastases — 5 yrs -

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Hypertensive cardiovascular disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 7, 1967, *to* May 14, 1967, *that I last saw the deceased alive on* May 13, 1967, *and that death occurred at* 4:25A *m., from the causes and on the date stated above.*

23a. SIGNATURE 551 (Degree or title) George W. Warner MD
23b. ADDRESS Twin Falls, Idaho
23c. DATE SIGNED 5.15.67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5.18.67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park Cem.
24d. LOCATION (City, town, or county) (State) Twin Falls, Idaho

DATE REC'D BY LOCAL REG. 5-19-67
REGISTRAR'S SIGNATURE Pamela J Johnson
25. EMBALMER [signature]
LICENSE NO. 343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary Twin Falls, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

11,469

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 23 1967 Bureau of Vital Statistics

State File No. 2258
Local Reg. No. D-180
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Skyview Manor 223

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 222 6th Ave. E.

3. NAME OF DECEASED (Type or Print): a. (First) WILLIAM b. (Middle) FRANKLIN c. (Last) OWEN, Jr.

4. DATE OF DEATH: (Month) May (Day) 14, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Widowed 2	Nov. 13, 1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Harrisville, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Franklin Owen, Sr. BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Lucinda E. Rawson BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: X Mrs. Cliff Preston ADDRESS: Twin Falls, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1537X Common Duct Stone & Ascending Cholangitis R/O Ca Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 2 wks.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Generalized Arteriosclerosis Bilateral Inguinal Hernia, Prostatic Hypertrophy

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/11, 1962, *to* 5/14, 1967; *that I last saw the deceased alive on* 5/13, 1967, *and that death occurred at* 1:40 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ray Lowans M.D. 466 (Degree or title)	141 643 Ave E. Twin Falls Idaho	5/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal-3	May 14, 1967	Logan City Cemetery	Logan, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-19-67	Pamela J. Johnson		343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 23 1967

State File No. 2259
Local Reg. No. 0784
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls Rural — Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazel Del Manor 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: T.Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ~~Rural~~ Twin Falls
d. STREET ADDRESS (If rural, give location): 744 Main Avenue North

3. NAME OF DECEASED (Type or Print): a. (First) DOROTHY — b. (Middle) P. — c. (Last) VANDALL

4. DATE OF DEATH (Month) (Day) (Year): May 15, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widiwed 2

8. DATE OF BIRTH: January 28, 1911

9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Murtaugh, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles E. Ingram — BIRTHPLACE: Danville, Illinois

14. MOTHER'S MAIDEN NAME: Rose C. Harriman — BIRTHPLACE: Arlington, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-07-8575

17. INFORMANT'S OWN SIGNATURE: Frank E. Vandall — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): 1561 Malignancy of Liver — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-B, 1967, *to* 5/15/, 19 67, *that I last saw the deceased alive on* 5-6, 1967, *and that death occurred at* 5:05 p. m., *from the causes and on the date stated above.*

24. SIGNATURE: James A Affleck 903 (Degree or title) M.D.

23b. ADDRESS: Twin Falls, Idaho

23c. DATE SIGNED: 19 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/18/67

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-19-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER: James C. Reynolds — James C. Reynolds

LICENSE NO.: E-279

FIRM NAME: Reynolds Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2260
Local Reg. No. D-193
Reg. Dist. No. 460

BIRTH NO.

MAY 31 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 24 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Burley
d. STREET ADDRESS (If rural, give location): Route 2, Box 445

3. NAME OF DECEASED (Type or Print): a. (First) JERRY; b. (Middle) L.; c. (Last) HILL

4. DATE OF DEATH: (Month) (Day) (Year): May 15, 1967

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married

8. DATE OF BIRTH: September 23, 1920

9. AGE (In years last birthday): 46
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): employer consultant

10b. KIND OF BUSINESS OR INDUSTRY: employment

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Rudolph Johnson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Helen E. Hill
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-14-8499

17. INFORMANT'S OWN SIGNATURE: Ralph L. Hill
ADDRESS: Burley, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Anatomic cause of death not known

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Small amounts of Barbiturate found in tissues & urine

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) 24 hours (c)

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-11, 1948, *to* 5-15, 1967, *that I last saw the deceased alive on* 5-15, 1967, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Dean A. Affleck, DO
23b. ADDRESS:
23c. DATE SIGNED: 25 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Pamela L. Johnson
25. EMBALMER:
LICENSE NO.: E-343

FIRM NAME: WHITE MORTUARY, TWIN FALLS, IDA.

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2261
Local Reg. No. D-204
Reg. Dist. No. 460

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (In this place): 40 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R.F.D. # 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FRANK	CHARLES	HACK	May 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3 J	July 27, 1902	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Chicago, Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Hack	Czechoslovokia	Katie Sternar	Czechoslovokia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-42-5891	Amy H. Hack	RFD # 1 Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infarction of Myocardium due to Coronary Sclerosis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Hypertensive Cardio — vascular Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Severe Arthritis

INTERVAL BETWEEN ONSET AND DEATH: (a) 15-20 min; (b) 10 yrs; 10-15 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1960, 19 p, *to* May 15, 1967, *that I last saw the deceased alive on* May 1, 1967, *and that death occurred at* 6:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm H Anderson	MD	Buhl, Ida	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/19/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Pamela J. Johnson	Robert T. Dickard	E-312

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JAN 3 1 1994

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2262
Local Reg. No. D-182
Reg. Dist. No. 420

RECEIVED MAY 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place): 003
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	JAMES	GUY	BRADLEY	MAY 15th 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Oct. 22, 1878	88		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Banker 19		Cornell, Illinois	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Bradley	Illinois	Jennie Bartholmew	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-07-9816	Mayme L. Bradley	Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute Viral Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebro vascular Arteriosclerosis — 10 yr +
Senile Dementia — 5 yr +

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 21 Apr, 1967, *to* 15 May, 1967, *that I last saw the deceased alive on* 15 May, 1967, *and that death occurred at* 4:55P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James H. Spafford 489	M.D.	Twin Falls, Idaho	5.16.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5.17.67	S. Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-19-67	Pamela J. Johnson		343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: White Mortuary Twin Falls, Idaho

DUTIES:

JUN 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 14 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 24 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2263
Local Reg. No. D-187
Reg. Dist. No. 460

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 442 Blue Lakes Blvd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 421
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 822 Shoshone St. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	P.	Wagner	May 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	Feb. 26, 1894	73		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Lisbon, Portugal	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-76-5140	X [illegible]	Questa, New. Mexico

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 3 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c) Heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None	Cancer of the uterus	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 7, 1967 *to* May 17, 1967, *that I last saw the deceased alive on* May 14, 1967 *and that death occurred at* 5:[illegible] m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 417 W.M. Peterson	[illegible]	5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 20, 1967	Shoshone Cemetery	Shoshone, Lincoln, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Pamela Johnson	[signature]	E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form PH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2264
Local Reg. No. D-186
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 25 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 405
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY (in this place): 5 Hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 2, Box 183

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CHARLES	HUGHES	HARMON	May 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept. 19, 1915	51				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Buhl, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles G. Harmon	Illinois	Effie Ambrose	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-09-1599	Vivian M. Harmon RFD # 2	Buhl, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 4201

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: hours / years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* — *19* —, *to* —, *19* —, *that I last saw the deceased alive on* May 17, *19* 67, *and that death occurred at* 9:30 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Cullings MD	122 9th Ave No. Buhl	5-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/22/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-24-67	Pamela J. Johnson	George Farmer	E-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2265
Local Reg. No. D-191
Reg. Dist. No. 460

Certificate of Death

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hase Nursing Home 238

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Filer
d. STREET ADDRESS (If rural, give location): Hiway # 30 at Fairground Road

3. NAME OF DECEASED (Type or Print)
a. (First): Nell
b. (Middle): E.
c. (Last): Johnson

4. DATE OF DEATH (Month) (Day) (Year): May 18, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: August 12, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Sacramento, California
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Lester R. Ryman — BIRTHPLACE: Sacramento, Calif.
14. MOTHER'S MAIDEN NAME: Florence French — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 545-05-0403
17. INFORMANT'S OWN SIGNATURE: Dean Johnson — ADDRESS: Filer, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1718

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Carcinoma of cervix — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 28, 1963, *to* May 18, 1967, *that I last saw the deceased alive on* May 10, 1967, *and that death occurred at* 11:a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Mullings 118 NP
23b. ADDRESS: 122 9th Ave. No Buhl
23c. DATE SIGNED: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Filer IOOF Cemetery
24d. LOCATION (City, town, or county) (State): Filer, Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: White Mortuary 733-6600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 5 1967

FEB 10 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2266
Local Reg. No. D-194
Reg. Dist. No. 460

Certificate of Death

STATE OF IDAHO

RECEIVED MAY 31 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
c. LENGTH OF STAY (in this place) days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Twin Falls Clinic Hosp. 444

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) R.F.D. # 3

3. NAME OF DECEASED (Type or Print)
a. (First) Bailey
b. (Middle) Allen
c. (Last) Dixon

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 23, 1889
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter 21
10b. KIND OF BUSINESS OR INDUSTRY Building
11. BIRTHPLACE (State or foreign country) Afton, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Harvey Dixon — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Susan Harmon — BIRTHPLACE Lemhi County, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-01-0253-A
17. INFORMANT'S OWN SIGNATURE Keith H. Dixon — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis - Progressive — INTERVAL BETWEEN ONSET AND DEATH 3 wks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arterio Sclerosis - Cerebral — 5 yrs
DUE TO (c) Arterio sclerotic Heart Disease c̄ Heart Block — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Advanced Parkinsons Disease — 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958 *to* 5-20-67, 19__, *that I last saw the deceased alive on* 5-20-67, 19__, *and that death occurred at* 11 p *m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph W. Marshall 330 (Degree or title) M.D.
23b. ADDRESS Twin Falls Idaho
23c. DATE SIGNED 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 25, 1967
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert, Idaho

DATE REC'D BY LOCAL REG. 5-26-67
REGISTRAR'S SIGNATURE Pamela J. Johnson
25. EMBALMER Martha Payne
LICENSE NO. E-389

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Payne Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED

JUN 8 1967

Bureau of Vital Statistics

State File No. 2267
Local Reg. No. D-202
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 421 Twin Falls
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY (In this place) 10 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) 830 11th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HOWARD	W.	KEENEY	May 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	April 9, 1882	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Cass County, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert O. Keeney	No Record	No Record	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-14-2581	Milford Keeney	Twin Falls Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 10 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Cardio Vascular Disease — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-10, 1967, *to* May 20, 1967, *that I last saw the deceased alive on* May 20, 1967, *and that death occurred at* 4:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson	M.D.	Buhl	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/23/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Pamela J. Johnson	Robert T. Dickard	E312

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

APR 24 1968

SEP 23 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2268
Local Reg. No. D-192
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN: Twin Falls
c. IF NOT IN CITY OR TOWN (In this place): 3 hrs. 40
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): 360 West Caswell

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MEDRA	OPAL	BILLINGTON	May 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Never Married	Oct. 24, 1895	71		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Buyer 26	Clothing	Kirksville, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Thomas Billington	Missouri	Amanda Woods.	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-28-7131	Dewey Morrison	Twin Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Diabetes Mellitus (Coma)	unknown
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Nephrosclerosis, advanced	
DUE TO (c)	(a) above & Congenital absence of one kidney.	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Cortical atrophy	10 years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/20, 1967, *to* 5/20, 1967, *that I last saw the deceased alive on* 5/20, 1967, *and that death occurred at* 2:25 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Max W. Power	MD	Twin Falls, Idaho	22 May 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5-23-67	Sunset Memorial Park	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Pamela J. Johnson	William J. Boyd	E-490

FIRM NAME: Twin Falls Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2269
Local Reg. No. D-195
Reg. Dist. No. 460

BIRTH NO.

RECEIVED MAY 31 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
c. LENGTH OF STAY IN (this place): 22 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 225

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print): a. (First) SARAH b. (Middle) CLEMENTINE c. (Last) STEVENS

4. DATE OF DEATH: May 22, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug. 30, 1875

9. AGE (In years last birthday): 91 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 21

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: No Record — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: No Record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 499-10-4763

17. INFORMANT'S OWN SIGNATURE: Mrs Beulah Duggan — ADDRESS: RFD #3 Buhl, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4288

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: Year

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Generalized arteriosclerosis — Years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Senility — Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 4, 1962, *to* May 22, 1967, *that I last saw the deceased alive on* May 21, 1967, *and that death occurred at* 8:14 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M.D. — **23b. ADDRESS**: 122 9th ave North Buhl — **23c. DATE SIGNED**: 5-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: 5/26/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Buhl — **24d. LOCATION** (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 5-26-67 — **REGISTRAR'S SIGNATURE**: Pamela J. Johnson — **25. EMBALMER**: George Farmer — **LICENSE NO.**: E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2270
Local Reg. No. D-198
Reg. Dist. No. 460

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 42
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hazeldel Manor N.H. 285

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 42
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
d. STREET ADDRESS (If rural, give location): Hazeldel Manor

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Eula	Beatrice	Grant	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Widowed 2	Sept. 14, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Housewife	home	Canton, Ohio	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-14-7083	Mrs Oliver H Anderson	Twin Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Congestive Cardiac failure	4 hours
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arterio-sclerotic cardio vascular disease	2 years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1942 *to* 5-23, 1967, *that I last saw the deceased alive on* 5-22, 1967, *and that death occurred at* 2:40 P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harvard L Stone	508 MD	Twin Falls Idaho	5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 24, 1967	Twin Falls Cemetery	Twin Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-25-67	Pamela J. Johnson		E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2271
Local Reg. No. D-188
Reg. Dist. No. 460

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly Rural
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): Box 742

3. NAME OF DECEASED (Type or Print): a. (First) Ronald b. (Middle) c. (Last) Tilley

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 6, 1927

9. AGE (In years last birthday) | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.: 39

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY: Construction

11. BIRTHPLACE (State or foreign country): Burley, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Preston Tilley — BIRTHPLACE: Spanish Fork, Utah

14. MOTHER'S MAIDEN NAME: Edna Day — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWII & Korean

16. SOCIAL SECURITY NO.: 518-22-9429

17. INFORMANT'S OWN SIGNATURE: Mrs Ronald Tilley — ADDRESS: Kimberly, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 9731 Carbon Monoxide Poisoning 6 — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION**

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide 2

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Farm Road 04

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Kimberly Twin Falls Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Investigation Only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 583 T.F. County Coroner — **23b. ADDRESS**: 120 Adams, Twin Falls, Ida. — **23c. DATE SIGNED**: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: May 26, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Sunset Memorial Park — **24d. LOCATION** (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67 — **REGISTRAR'S SIGNATURE**: Pamela F. Johnson

25. EMBALMER — LICENSE NO.: E-343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service
Form DH-60021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. MAY 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2272
Local Reg. No. D-196
Reg. Dist. No. 460

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 JUN 5 1967 600
b. CITY OR TOWN Twin Falls
c. LENGTH OF STAY IN THIS PLACE
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hospital
d. STREET ADDRESS (If rural, give location) 307 5th Ave. North

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 42 Twin Falls
c. CITY OR TOWN Twin Falls

Bureau of Vital Statistics

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MRS.	IRENE	LAVENIE ORR	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR: Months / Days	If UNDER 24 HRS.: Hours / Min.
Female	White	Widowed 2	March 12, 1882	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Glenns Ferry, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gus Glenn	Ohio	Jenny Tombs	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		A. Glenn	Glenns Ferry, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Carcinomatosis	3 mos
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Juandice	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-28-67, 19____, *to* 5-22-67, 19____, *that I last saw the deceased alive on* 5-22-67, 19____, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wallace H. Davis MD	Twin Falls, Idaho	5-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/25/67	Glenn Rest Cemetery	Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5/29/67	Pamela J. Johnson		

FIRM NAME: White Mortuary

Federal Security Agency
United States Public Health Service

Form DH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 1 2 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2273
Local Reg. No. B-189
Reg. Dist. No. 460

RECEIVED
MAY 26 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen — STATE (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 120 2nd St. East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Twin Falls 420
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hansen
d. STREET ADDRESS (If rural, give location): 120 2nd St. East

3. NAME OF DECEASED (Type or Print): a. (First) Samuel — b. (Middle) Arthur — c. (Last) Reed

4. DATE OF DEATH (Month) (Day) (Year): May 22, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): / Never Married

8. DATE OF BIRTH: March 4, 1893

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer

10b. KIND OF BUSINESS OR INDUSTRY: 04 Farming

11. BIRTHPLACE (State or foreign country): Barton County, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Wesley Reed — BIRTHPLACE: Missouri

14. MOTHER'S MAIDEN NAME: Eva Jane Smith — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WWI 3

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Beulah Reed — ADDRESS: Hansen, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac Arrest — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Congestive Heart Failure

DUE TO (c): Pulmonary Emphysema and Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Senility

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-19, 1967, *to* 5-22, 1967, *that I last saw the deceased alive on* 5-19, 19 67, *and that death occurred at* 7:47p m., *from the causes and on the date stated above.*

23a. SIGNATURE: H. Thad Scholes — (Degree or title): M. D.

23b. ADDRESS: 120 Adams, Twin Falls, Ida.

23c. DATE SIGNED: 5-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: May 25, 1967

24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park

24d. LOCATION (City, town, or county) (State): Twin Falls, Idaho

DATE REC'D BY LOCAL REG.: 5-25-67

REGISTRAR'S SIGNATURE: Pamela J. Johnson

25. EMBALMER

LICENSE NO.: E -343

FIRM NAME: White Mortuary 733-6600

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2274
Local Reg. No. D-197
Reg. Dist. No. 460

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 421 Twin Falls 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 1 Week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): R.F.D. # 3

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	NETTIE	MARGARET	SHRIVER		May	23,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	May 8, 1871	96				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07	Own Home	Chillicothe, Ohio	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William H. Funk	Pennsylvania	Mary Margaret Smith	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-54-0183	Doyle E Shriver	R.F.D. # 3 Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart dis — INTERVAL BETWEEN ONSET AND DEATH: Years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — "

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fractured ribs — Days

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Sept 10, 1964 *to* May 23, 1967, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 11:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	122 9th Ave No. Buhl	5-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/26/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-31-67	Pamela L. Johnson	George Turner	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form OH-62021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 1 1 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2275
Local Reg. No. D-199
Reg. Dist. No. 460

Certificate of Death

RECEIVED
JUN 5 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 420 — 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mt. View Nursing Home 297

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Murtaugh
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First): Alfred
b. (Middle): Curtis (Jack)
c. (Last): Elwood

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: May 6, 1883
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Barber 21
10b. KIND OF BUSINESS OR INDUSTRY: Barber
11. BIRTHPLACE (State or foreign country): Polk County, Iowa
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME — BIRTHPLACE: Samuel Harvey Elwood - Anderson, Ind.
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Mary Laird - Mansfield, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): — — —
16. SOCIAL SECURITY NO.: 519-09-7806A
17. INFORMANT'S OWN SIGNATURE: Mrs Truman Davidson — ADDRESS: Murtaugh

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Generalized Arteriosclerosis
DUE TO (c): + Senile Dementia — General months

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Angina Pectoris + Cataracts — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7-8, 1964, *to* 5-26, 1967, *that I last saw the deceased alive on* 5-19, 1967, *and that death occurred at* 4:1 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D. A. McCluskey MD 338
23b. ADDRESS: 5-27-67
23c. DATE SIGNED: Twin Falls Ida

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/29/1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-1-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: Keith Payne
LICENSE NO.: E 389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

10,845

RECEIVED

STATE OF IDAHO

State File No. 2276
Local Reg. No. D-198
Reg. Dist. No. 460

BIRTH NO.

JUN 5 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Twin Falls Clinis Hosp. 144

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kimberly
d. STREET ADDRESS (If rural, give location): 151 Lincoln St. E.

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): W.
c. (Last): HAMILTON

4. DATE OF DEATH (Month) (Day) (Year): May 26, 1967

5. SEX: Male
6. COLOR OR RACE: Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 17, 1900
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Branch Mgr. Ida. Power 09
10b. KIND OF BUSINESS OR INDUSTRY: Electrical
11. BIRTHPLACE (State or foreign country): Hedrick, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: UNK — BIRTHPLACE: UNK
14. MOTHER'S MAIDEN NAME: UNK — BIRTHPLACE: UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): -----
16. SOCIAL SECURITY NO.: 519-07-9311
17. INFORMANT'S OWN SIGNATURE: Evelyn M Hamilton — ADDRESS: Kimberly

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	TERMINAL BRONCHOPNEUMONIA	1 WK
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	TERMINAL UREMIA	3 WKS
DUE TO (c)	CEREBRAL THROMBOSIS	1 MO
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*	(1) ARTERIOSCLEROTIC HEART DISEASE & Hypertension	15 yrs
	(2) DIABETES MELLITUS	2 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* 5-26-67, 19__, *that I last saw the deceased alive on* 5-26-67, 19__, *and that death occurred at* 11 45 *A m., from the causes and on the date stated above.*

23a. SIGNATURE: Joseph W. Marshall 330 (Degree or title) MD
23b. ADDRESS: Twin Falls Idaho
23c. DATE SIGNED: 5-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Sunset Memorial Park
24d. LOCATION (City, town, or county) (State): Twin Falls Idaho

DATE REC'D BY LOCAL REG.: 6-1-67
REGISTRAR'S SIGNATURE: Pamela J. Johnson
25. EMBALMER: [signature]
LICENSE NO.: E-343

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WHITE MORTUARY 733-6600

DUTIES:

JUN 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 15 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2277
Local Reg. No. D-203
Reg. Dist. No. 460

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 420 Twin Falls 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
LENGTH OF STAY (in this place): 18 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Harral Nursing Home 205

7. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 705 Main Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	PEARL	JANE	ROBERTS	May 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Sept. 1, 1890	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Own Home	Crofton, Kentucky	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Johnson Clark,	Kentucky	Mary M. Grant	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE / ADDRESS
No			W. MacEdward Roberts RFD #3 Buhl Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Heart Failure	1 wk
ANTECEDENT CAUSES — DUE TO (b)	Arteriosclerotic Heart Disease	8-10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senile Mental Deterioration	5 yrs

4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-7 1966, *to* May 27, 1967, *that I last saw the deceased alive on* May 27, 1967, *and that death occurred at* 8:35 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H. Anderson	M.D.	Buhl Idaho	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/29/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Pamela J. Johnson	George Fromer	E-480

FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2278
Local Reg. No. D-201
Reg. Dist. No. 460

BIRTH NO.

RECEIVED JUN 8 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 42 Twin Falls 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Twin Falls
STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Mem. Hospital 001

USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 43 b. COUNTY Twin Falls
CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) R.F.D. m# 4

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	ARTHUR	J.	KOCH	May 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 28, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Ritzville, Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Fred Koch	Russia	Anna Thiel	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-42-5570	Mrs. Art Koch	RFD # 4 Buhl, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Massive Pulmonary Hemorrhage	1/2 hr.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Severe Chronic Emphysema	5 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Marked Malnutrition	3 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-10, 1967, *to* May 28, 1967, *that I last saw the deceased alive on* May 28, 1967, *and that death occurred at* 7:45 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Vern H Anderson	MD	Buhl, Ida.	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	5/31/67	Buhl	Buhl, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Pamela L. Johnson	George Fenner	E-480

FIRM NAME ALBERTSON-DICKARD FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-6502

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2279
Local Reg. No. D-205
Reg. Dist. No. 460

RECEIVED JUN 8 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Twin Falls 42 201
b. CITY OR TOWN Twin Falls
LENGTH OF STAY (in this place) 29 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Magic Valley Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 390
b. COUNTY Power
c. CITY OR TOWN Rockland
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	FLORENCE	IDA	PERRY	May 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Dec. 6, 1890	76	5	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Landing, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Hartley	Utah	Eliza Jane Wood	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-60-5393	Myrl E Perry	Salt Lake City, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Uremia	5 weeks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Chronic Nephritis	1 year
DUE TO (c)	Generalized Arteriosclerosis	Several years
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1-31, 1967, *to* 5-29, 1967, *that I last saw the deceased alive on* 5-29, 1967, *and that death occurred at* 9:10 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.A. McCarley MD	Twin Falls Idaho	6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Rem. & Burial	6-1-67	Valley View Cemetery	Rockland, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Pamela J. Johnson	H. L. Davis	H. L. Davis E-253

FIRM NAME Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2280
Local Reg. No. D-200
Reg. Dist. No. 460

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Twin Falls 421 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Twin Falls
LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Memorial 143

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 603 8th Ave. North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	Heber	Corbridge	May 30, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	April 24, 1877	90		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Contractor 21	Construction	Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William E. Corbridge	Scotland	Elizabeth Lee	Massachusetts

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-38-2429A	Mrs. Res Engelking	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral accident — INTERVAL BETWEEN ONSET AND DEATH: hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — year
DUE TO (c) Generalized arteriosclerosis — or unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* May 20, 1967, *to* May 30, 1967, *that I last saw the deceased alive on* May 30, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. R. Cullings MD	122 9th Ave No Buhl	6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 2, 1967	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-6-67	Pamela J. Johnson	Jim A Hopkins	E482

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63024

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. JUN 20 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2281
Local Reg. No. 27
Reg. Dist. No. 320

Certificate of Death

RECEIVED
MAY 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 441 Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital 153

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) A.
c. (Last) Hunt

4. DATE OF DEATH (Month) 5 (Day) 1 (Year) 1967

5. SEX male
6. COLOR OR RACE caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH 5/25/1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Shoe repair & sales
10b. KIND OF BUSINESS OR INDUSTRY 22 retail
11. BIRTHPLACE (State or foreign country) Red Cloud, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elvin B. Hunt — BIRTHPLACE New York
14. MOTHER'S MAIDEN NAME Alice Hick — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Minnie H. Hunt — ADDRESS Weiser

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

493X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia; heart failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-29-67, 19__, *to* 5-1-67, 19__, *that I last saw the deceased alive on* 5-1-67, 19__, *and that death occurred at* __ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas R. McDonnell, M. D. 667
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 5-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 5/4/67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State) Weiser Wash. Idaho

DATE REC'D BY LOCAL REG. 5-3-67
REGISTRAR'S SIGNATURE R. Dave Thomason
25. EMBALMER Marshall S. Dickerson — LICENSE NO. E 464

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

MAY 29 1967

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2282
Local Reg. No. 31
Reg. Dist. No. 320

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 440 Washington 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 448 b. COUNTY: Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cambridge
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lewis	W.	Langer	5	11	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	married 3	5/3, 1909	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
rancher 04	ranching	Nez Perce, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Langer	N. Dakota	Ollie Graham	Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Frances Langer	Cambridge, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of the stomach — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
Apr 30, 1965	Cancer of the stomach	YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Apr 30, 1965, *to* May 11, 1967, *that I last saw the deceased alive on* May 21, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lester Scott MD 699	Ontario, Oregon	18 May 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	5/15/67	Cambridge Cemetery	Cambridge Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-15-67	K. Dee Thomas	K. Dee Thomas	E 388

FIRM NAME Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

MAY 3 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2283
Local Reg. No. 30
Reg. Dist. No. 310

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Washington MAY 23 1967 000
b. CITY OR TOWN Weiser (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First) CINDI b. (Middle) ANN c. (Last) YOUNGBLOOD
4. DATE OF DEATH (Month) May (Day) 13 (Year) 1967
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH March 26, 1957
9. AGE (In years last birthday) 10 If UNDER 1 YEAR Months 1 Days 17 If UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY Grade school
11. BIRTHPLACE (State or foreign country) Ontario, Oregon
12. CITIZEN OF WHAT COUNTRY? US
13. FATHER'S NAME Billy Joe Youngblood BIRTHPLACE Corral Co. Arkansas
14. MOTHER'S MAIDEN NAME Carol Ann Smith BIRTHPLACE Ontario, Oreg.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Everton Youngblood ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

7954

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Due to religious belief, no physician was in attendance.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Subject died at home and to the best of my knowledge & belief,

DUE TO (c) of natural causes.

INTERVAL BETWEEN ONSET AND DEATH
(a) (b) died (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Coroner investigation, 19__, to __, 19__, that I last saw the deceased alive on __, 19__, and that death occurred at 3:50A m., from the causes and on the date stated above.

23a. SIGNATURE R. Dale Thomason 583 (Degree or title) Coroner, Wash. Co.
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 5/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/16/67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 5/13/67
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER Marshall S. Dickerson
LICENSE NO. E 464
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Federal Security Agency
United States Public Health Service
Form DH-69021

JUN 12 1967

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2284
Local Reg. No. 32
Reg. Dist. No. 320

BIRTH NO.

RECEIVED MAY 29 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN: Weiser
d. FULL NAME OF HOSPITAL OR INSTITUTION: Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Washington
c. CITY OR TOWN: Weiser
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Cecil	Joseph	Fry	5	15	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	caucasian	married	6/15/1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer	farming	Bentonville, Arkansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph E. Fry	----------	Ella Odell	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
			Mildred Fry	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH: Two

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Obstructive Pulmonary Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 7-5-66, 19___, *to* 5-15-67, 19___, *that I last saw the deceased alive on* 5-15-67, 19___, *and that death occurred at* 8:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Thomas R. McDonnell, M. D.	Weiser, Idaho	5-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal burial	5/19/67	Fairview Cemetery	Malhuer Co. Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5-20-67	K. Dale Thomson	Marshall Dickerson Jr.	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2285
Local Reg. No. 35
Reg. Dist. No. 320

RECEIVED
JUN 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 44 Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 44 Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) Park Haven Nursing Home

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) c. (Last) Hopper

4. DATE OF DEATH (Month) 5 (Day) 16 (Year) 1967

5. SEX male

6. COLOR OR RACE caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH 9/26/1872

9. AGE (In years last birthday) 94 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farming 04

10b. KIND OF BUSINESS OR INDUSTRY farm

11. BIRTHPLACE (State or foreign country) Taney Co. Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Anderson Hopper
BIRTHPLACE ----

14. MOTHER'S MAIDEN NAME Mary Fletcher
BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Eugene L. Hopper
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — 443X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertensive Heart Disease

DUE TO (c) Hypertension

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Gen Arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13-, 1967, to 5-16-, 1967, *that I last saw the deceased alive on* 5-16-, 1967, *and that death occurred at* 12:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 5-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 5/18/67

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE RECD BY LOCAL REG. 5-16-67

REGISTRAR'S SIGNATURE R. Dale Thomason

25. EMBALMER R. Dale Thomason

LICENSE NO. E 388

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 2 5 1990

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

McDonnell

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2286
Local Reg. No. 33
Reg. Dist. No. 320

BIRTH NO.

JUN 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY 441 Washington

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser

c. LENGTH OF STAY in this place

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Haven Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE Idaho 441 b. COUNTY Wash.

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser

d. STREET ADDRESS (If rural, give location) Park Haven

3. NAME OF DECEASED (Type or Print) a. (First) Vern b. (Middle) c. (Last) Armstrong

4. DATE OF DEATH (Month) (Day) (Year) 5/17 1967

5. SEX male

6. COLOR OR RACE caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0

8. DATE OF BIRTH 6/19/1899

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad carpenter

10b. KIND OF BUSINESS OR INDUSTRY Union Pacific

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Gilbert Armstrong — BIRTHPLACE ---

14. MOTHER'S MAIDEN NAME Alice Green — BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE X Harold V Armstrong — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cor Pulmonale — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Chronic Asthma

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-9-66, 19__, *to* 5-1-67, 19__, *that I last saw the deceased alive on* 5-1-67, 19__, *and that death occurred at* 7:15 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Thomas R. McDonnell, M. D. 667

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 5-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) removal burial

24b. DATE 5/20/67

24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery

24d. LOCATION (City, town, or county) Ontario (State) Oregon

DATE REC'D BY LOCAL REG. 5-22-67

REGISTRAR'S SIGNATURE R. Dee Thomason

25. EMBALMER Marshall S. Dickerson Jr.

LICENSE NO. E 464

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2287
Local Reg. No. 36
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 6 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 441 Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Haven Nursing Home 298

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 441
b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) ANNA b. (Middle) MARIE c. (Last) TARTER

4. DATE OF DEATH (Month) May (Day) 22 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 12/27/1880
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 4 Days 25 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Baker, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Schlickeisen — BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME Mary Weber — BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Herbert Tarter — ADDRESS Weiser

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Cerebrosis 4201

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-10-, 1967, *to* 5-22-, 1967, *that I last saw the deceased alive on* 5-22-, 1967, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE W. D. McGrath MD 344 (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 5/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/25/67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 5/22/67
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER Marshall S. Dickerson Jr.
LICENSE NO. E 464

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2288
Local Reg. No. 40
Reg. Dist. No. 320

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 441 Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Haven Nursing Home 298

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho 441 b. COUNTY Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) CLARA b. (Middle) DALE c. (Last) WIGGINS

4. DATE OF DEATH (Month) May (Day) 24 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH May 11, 1881
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months 0 Days 13 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME ---- BIRTHPLACE ----
14. MOTHER'S MAIDEN NAME ---- BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Clara Stoffle ADDRESS Caldwell, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Hypertension

DUE TO (c) Gen. Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senility

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-1-, 1967, *to* 5-24, 1967, *that I last saw the deceased alive on* 2-24-, 1967, *and that death occurred at* 12:50 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 344 (Degree or title)
23b. ADDRESS Weiser, Idaho
23c. DATE SIGNED 5/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 5/27/67
24c. NAME OF CEMETERY OR CREMATORY Eastside Cemetery
24d. LOCATION (City, town, or county) Midvale, (State) Idaho

DATE REC'D BY LOCAL REG. 5/24/67
REGISTRAR'S SIGNATURE R. Dale Thomason
25. EMBALMER R. Dale Thomason
LICENSE NO. E-388

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Northam-Jones Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 14 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2289
Local Reg. No. 34
Reg. Dist. No. 320

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weiser
c. LENGTH OF STAY (in this place): 153
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS ---- (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) MARY; b. (Middle) JANE; c. (Last) KIRK

4. DATE OF DEATH: (Month) May (Day) 24 (Year) 1967

5. SEX: female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: 11/17/1878

9. AGE (In years last birthday): 88
IF UNDER 1 YEAR: Months 6 Days 7
IF UNDER 24 HRS.: Hours ____ Min. ____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Own home

11. BIRTHPLACE (State or foreign country): Pennville, Indiana

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: John Hiatt Barr
BIRTHPLACE: ---

14. MOTHER'S MAIDEN NAME: Celesta Fields
BIRTHPLACE: ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 48 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gen. Arteriosclerosis — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/15, 1967, *to* 5/24, 1967, *that I last saw the deceased alive on* 5/24, 1967, *and that death occurred at* 1230 m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) MD

23b. ADDRESS: Weiser, Idaho

23c. DATE SIGNED: 5/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 5/26/67

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Weiser, Idaho

DATE REC'D BY LOCAL REG.: 5/24/67

REGISTRAR'S SIGNATURE: F. Dee Thomason

25. EMBALMER: Marshall S. Dickerson Jr.
LICENSE NO.: E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2290
Local Reg. No. 37
Reg. Dist. No. 320

RECEIVED
JUN 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 44 O D.O.A. 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon b. COUNTY 55 Malheur
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oregon side, Weiser, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	ORVILLE	ALBERT	REED	May	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 8, 1913	54	0	16		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	Clark Wholesale	Norton, Kansas	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
-----	----	------	------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW I 3	535-36-1834	Mrs Florence Carlson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) C. V. A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-24- , 1967, *to* 5-24- , 1967, *that I last saw the deceased alive on* 5-24- , 1967, *and that death occurred at* 7:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Weiser, Idaho	5/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial-Removal	5/29/67	Fairview Cemetery	Oregon Side, Weiser, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
5/24/67	R. Dale Thomson	Marshall S. Dickerson	E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 9 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2291
Local Reg. No. 38
Reg. Dist. No. 320

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 44 Washington
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
LENGTH OF STAY (in this place) 15
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Weiser Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Idaho
b. COUNTY 44 Washington
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Weiser
d. STREET ADDRESS (If rural, give location) ----

3. NAME OF DECEASED (Type or Print)
a. (First) CHARLES
b. (Middle) FREDRICK
c. (Last) BRENT

4. DATE OF DEATH (Month) May (Day) 27 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 4, 1877

9. AGE (In years last birthday) 90
IF UNDER 1 YEAR: Months | Days 23
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 22

10b. KIND OF BUSINESS OR INDUSTRY Merchant

11. BIRTHPLACE (State or foreign country) Linsville, Iowa

12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME Charles Brent
BIRTHPLACE ----

14. MOTHER'S MAIDEN NAME Jane Schrader
BIRTHPLACE ----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Margaret Brent
ADDRESS San Francisco

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Uremic Encephalitis — INTERVAL BETWEEN ONSET AND DEATH 15

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio. H.T. D.I — 15y
DUE TO (c) Gen. Arteriosclerosis — 20y

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congen. extremities

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1/10, 1966 *to* 5/27, 1967 *that I last saw the deceased alive on* 5/27, 1967, *and that death occurred at* 12:30 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 186 (Degree or title)

23b. ADDRESS Weiser, Idaho

23c. DATE SIGNED 5/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 5/29/67

24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery

24d. LOCATION (City, town, or county) Weiser (State) Idaho

DATE REC'D BY LOCAL REG. 5/27/67

REGISTRAR'S SIGNATURE R. Dee Thomson

25. EMBALMER Marshall L. Dickerson

LICENSE NO. E 464

FIRM NAME: Northam-Jones Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2292
Local Reg. No. 328
Reg. Dist. No. 370

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 4 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 4410 Emerald Street 104 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 077 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4410 Emerald Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
VERNON	WHITE	SCRIBNER	May 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Aug. 17, 1879	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
dairyman 04	dairy	Springdale, Wisconsin	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Williston Scribner	Conn.	Rhoda White	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	---	519-32-1024	Laurence B Scribner	4409 Emerald Boise, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary Occlusion	unknown
	ANTECEDENT CAUSES	
(b)	DUE TO Arteriosclerotic Cardiovascular Disease	
(c)	DUE TO	

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 4:55 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
357 (Degree or title)		6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 25, 1967	Cloverdale Cemetery	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-67	Myrtle Palmer		E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2293
Local Reg. No. 330
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 3wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alph. Hosp. 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 904 East 1st St

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Chester
c. (Last): Kesgard

4. DATE OF DEATH (Month) (Day) (Year): May 27, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug. 12, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postal clerk 08
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Postal Service
11. BIRTHPLACE (State or foreign country): Emmett, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James A. Kesgard — BIRTHPLACE: Emmett, Idaho
14. MOTHER'S MAIDEN NAME: Mary Elizabeth Gardner — BIRTHPLACE: Ceterville, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 40 0887
17. INFORMANT'S OWN SIGNATURE — ADDRESS: X Ellen Kesgard

18. CAUSE OF DEATH 332X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emboli

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basilar Artery Thrombosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-3, 1967, *to* 5-27, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 12:37 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: Al H Kuzhendall 704 (Degree or title)
23b. ADDRESS: 401 Idaho St.
23c. DATE SIGNED: 6-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 31, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: 6-20-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E392

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: The Beatty Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

APR 2 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

(Mrs Eddins.)

Certificate of Death

RECEIVED JUN 27 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2294
Local Reg. No. 325
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF (If in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2814 Neff St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2814 Neff St.

3. NAME OF DECEASED (Type or Print)
a. (First): Harriett
b. (Middle): Amelia
c. (Last): Eddins

4. DATE OF DEATH (Month) May (Day) 30 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 29, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Murray Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William Smith — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Hannah Lloyd — BIRTHPLACE: Glamorgashire, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: No
17. INFORMANT'S OWN SIGNATURE: x Mary E. Baker — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pt. not seen by me @ death.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Had past History of arteriosclerotic heart disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/19, 1962, *to* 5/15, 1967, *that I last saw the deceased alive on* 5/15, 1967, *and that death occurred at* not known *m., from the causes and on the date stated above.*

23a. SIGNATURE 095 (Degree or title): [signature], M.D. 1
23b. ADDRESS: Boise, Ida
23c. DATE SIGNED: 6/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-16-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-460

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: RELYEA MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2295
Local Reg. No. 297
Reg. Dist. No. 270

RECEIVED JUN 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 011 Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 16 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 011 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 810 East Bannock Street

3. NAME OF DECEASED (Type or Print): a. (First) DOC b. (Middle) H. c. (Last) HANNA

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Negro	Widowed 2	Aug. 10, 1880	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Red Cap 10	U.P. Railroad	Selma, Alabama	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	---	518-12-0132	Mrs Doc H Hanna	Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Stomach & Metastasis to liver & lung

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: Tissue biopsy = CARCinoma
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 15, 1967, to June 3, 1967, *that I last saw the deceased alive on* June 3, 1967, *and that death occurred at* 3P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ernest A. Lemley M.D. (Degree or title) 216
23b. ADDRESS: 850 S Latah
23c. DATE SIGNED: June 6 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Howell W. Summers
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 2 5 1994

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2296
Local Reg. No. 85
Reg. Dist. No. 371

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sandy Point-below Lucky Peak Dam

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 717 Richmond

3. NAME OF DECEASED (Type or Print): a. (First) Danny; b. (Middle) Lee; c. (Last) Rogers

4. DATE OF DEATH: (Month) (Day) (Year): June 4, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: March 20, 1951

9. AGE (In years last birthday): 16
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: High School

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Norman Rogers
BIRTHPLACE: Oregon

14. MOTHER'S MAIDEN NAME: D. Marie Lee
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-58-2461

17. INFORMANT'S OWN SIGNATURE: Norman Rogers
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Asphyxiation by drowning.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c): water was 59 Degree on surface. Not expert swimmer,

II. OTHER SIGNIFICANT CONDITIONS: None. was not subject to fainting. or, convulsions.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 4P m., *from the causes and on the date stated above.*
Did Not See Alive

23a. SIGNATURE: [signature] 583 (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive. Boise,
23c. DATE SIGNED: 6-7-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell Relyea [Russell A. Relyea]
LICENSE NO.: E-412

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated,—and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2297
Local Reg. No. 87
Reg. Dist. No. 321

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada (011)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give location): Boise, Idaho. (301)
c. LENGTH OF STAY (in this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. (004)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: (270)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome.
d. STREET ADDRESS (If rural, give location): 620 North Lincoln Ave.

3. NAME OF DECEASED (Type or Print): a. (First) George; b. (Middle) E; c. (Last) SNELL

4. DATE OF DEATH: (Month) 6 (Day) 4 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (3)

8. DATE OF BIRTH: 10-31-96

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Lineman. (10)

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Utah

12. CITIZEN OF WHAT COUNTRY?: U S A

13. FATHER'S NAME: Nathan E Snell.
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Emily Hansen.
BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW 1 & WW II (4)

16. SOCIAL SECURITY NO.: 565 16 0477

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: John E Snell
VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH (332X)
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Thrombosis, cerebral artery, right — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. ~~I hereby certify that I~~ attended the deceased from 6-3- , 19 67, to 6-4 , 19 67, ~~that I last saw the deceased~~ ~~alive on~~ and that death occurred at 11:20PM., from the causes and on the date stated above.

23a. SIGNATURE: F. B. HINE, M.D. (597) (Degree or title)
23b. ADDRESS: VA Center, Boise, Idaho.
23c. DATE SIGNED: 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal (3)
24b. DATE: June 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Payson Cemetery
24d. LOCATION (City, town, or county) (State): Payson Utah

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell J. Kelyea
LICENSE NO.: E-412
FIRM NAME: Kelyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 14 1967

JUL 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2298
Local Reg. No. 303
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 01 6000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2127 Shoshone St.

3. NAME OF DECEASED (Type or Print): a. (First) Emmett b. (Middle) c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year): 6-5-67

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: 2-25-09

9. AGE (In years last birthday): 58
IF UNDER 1 YEAR: Months 3 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): maintenance foreman 08

10b. KIND OF BUSINESS OR INDUSTRY: Boise City

11. BIRTHPLACE (State or foreign country): Boise, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lawrence Clark
BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: Catherine Wilkins
BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-03-2635

17. INFORMANT'S OWN SIGNATURE: Mrs Goldie Clark
ADDRESS: 2127 Shoshone

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion (?) — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis - generalized

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Acute cholecystitis — 1 day

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise Ada Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-9-67

24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens

24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: 6-13-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell A Relyea

LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death
STATE OF IDAHO

State File No. 2299
Local Reg. No. 209
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 1 Month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Boise Convalescent C. 332

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 705 Franklin Street

3. NAME OF DECEASED (Type or Print): a. (First) Robert b. (Middle) Aaron c. (Last) Johnson

4. DATE OF DEATH: (Month) (Day) (Year): June 5, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 13, 1880

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 21

10b. KIND OF BUSINESS OR INDUSTRY: Baker

11. BIRTHPLACE (State or foreign country): Wabaunsee, Kansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Daniel Johnson
BIRTHPLACE: Ill.

14. MOTHER'S MAIDEN NAME: Margaret Hastings
BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 512-05-9342

17. INFORMANT'S SIGNATURE: X Edith S. Johnson X
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4344

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Disease & Decompensation — INTERVAL BETWEEN ONSET AND DEATH: 5 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Cerebro Vascular Hemorrhage — 1 yr

DUE TO (c) Arteriosclerosis — 1 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Fracture Rt Hip Res. Of

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-6-, 1967, *to* 6-5, 1967, *that I last saw the deceased alive on* 5-26, 1967, *and that death occurred at* 4:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Carl B. Smithson MD (Degree or title)

23b. ADDRESS: Boise Idaho

23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-9-67

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-15-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Daniel G. Gibson
LICENSE NO.: E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JAN 26 1984

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2300
Local Reg. No. 290
Reg. Dist. No. 370

BIRTH NO. 1

RECEIVED

STATE OF IDAHO

1. PLACE OF DEATH
a. COUNTY 011 Ada JUN 8 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) -
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 292 Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011 b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 702 Union St.

3. NAME OF DECEASED (Type or Print)
a. (First) Henry b. (Middle) P c. (Last) Koenig

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH March 12, 1889
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Glass Blower 21
10b. KIND OF BUSINESS OR INDUSTRY Glass
11. BIRTHPLACE (State or foreign country) Friedricksthal, Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Christian Koenig — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Maria Mueller — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) WW I 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Glenn E. Sauny M.D. — ADDRESS

18. CAUSE OF DEATH 525X
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Pulmonary Fibrosis — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cor pulmonale — 5 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 6, 1967, *to* June 5, 1967, *that I last saw the deceased alive on* June 5, 1967, *and that death occurred at* 12 midnight *m., from the causes and on the date stated above.*

23a. SIGNATURE Glenn E. Sauny M.D. 520 (Degree or title) 1
23b. ADDRESS 125 E. Idaho Boise
23c. DATE SIGNED 6/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 6/8/1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 6-8-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER John L. Wilkerson — LICENSE NO. E-435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 26 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2301
Local Reg. No. 90
Reg. Dist. No. 371

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO. 011

1. PLACE OF DEATH
a. COUNTY: Ada 2-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho.
c. LENGTH OF STAY (in this place): 127 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho. 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho. b. COUNTY: 200
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Glenns Ferry
d. STREET ADDRESS (If rural, give location): Commercial Hotel.

3. NAME OF DECEASED (Type or Print)
a. (First): Otis
b. (Middle): K
c. (Last): ROSE.

4. DATE OF DEATH (Month) 6 (Day) 6 (Year) 67

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: 10-4-92
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired City Fireman. 08
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Missouri.
12. CITIZEN OF WHAT COUNTRY?: USA.

13. FATHER'S NAME: Jim Rose. BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Artie Summers. BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 531 24 0673
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: VA Hospital Records, Boise, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1530

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Hepatic metastases from adenocarcinoma, ascending colon.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 3 Years

19a. DATE OF OPERATION: 7-20-64
19b. MAJOR FINDINGS OF OPERATION: Carcinoma ascending colon-no hepatic metastases apparent.
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22 ~~I hereby certify that I~~ attended the deceased from 1-30, 1967, to 6-6-67, 19 ~~that I last saw the deceased alive on 19~~ and that death occurred at 1:05PM m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): W. W. LAXSON, M.D. Wm. W. Laxson 597
23b. ADDRESS: VA Center, Boise, Idaho
23c. DATE SIGNED: 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-8-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell [signature]
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2302
Local Reg. No. 310
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Luke's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2303 North 36th

3. NAME OF DECEASED (Type or Print)
a. (First): JACK
b. (Middle): NEIL 000
c. (Last): JARRELL

4. DATE OF DEATH (Month) (Day) (Year): June 6 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: February 2, 1967
9. AGE (In years last birthday): -
IF UNDER 1 YEAR: Months 4, Days 4
IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant 02
10b. KIND OF BUSINESS OR INDUSTRY: -----
11. BIRTHPLACE (State or foreign country): Salt Lake City, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Carl E. Jarrell
BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Dianna R. Burdick
BIRTHPLACE: Boise, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: X William E. Pershing
ADDRESS: 1098 Krall St. Boise, Ida

18. CAUSE OF DEATH 9210
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Choked to death on its food formula.
INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: None, determined.
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, *19*__, *to* __, *19*__, *that I last saw the deceased alive on* __, *19*__, *and that death occurred at* 545P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583
(Degree or title): Coroner 4
23b. ADDRESS: 3720 Meadow Drive, Boise,
23c. DATE SIGNED: 6-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county): Boise
(State): Idaho

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell D. Demaray
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2303
Local Reg. No. 307
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN: Boise 3-14
LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN: Meridian Rural
d. STREET ADDRESS: Rt. 3

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) F. c. (Last) Elfring
4. DATE OF DEATH: (Month) June (Day) 7 (Year) 1967
5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 28, 1883
9. AGE (In years last birthday): 83 IF UNDER 1 YEAR: Months / Days IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer Retired 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Sutton, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: Henry Elfring BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: unk BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-48-1883
17. INFORMANT'S OWN SIGNATURE: T E Morton ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

60000

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) bacteriuria — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) pyelonephritis — unk.
DUE TO (c) ureteral obstruction — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial infarction — 2 weeks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lee S. Culley 624 (Degree or title)
23b. ADDRESS: 925 E 1st Meridian, Ida
23c. DATE SIGNED: 8 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-67
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county) (State): Meridian, Idaho

DATE REC'D BY LOCAL REG.: 6-14-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Geo Jerred
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2304
Local Reg. No. 92
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: ADA 011 3-01 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho. — c. LENGTH OF STAY (in this place): One Day

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: 011 — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — d. STREET ADDRESS (If rural, give location): 1309 Vista Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Philip	M	ROBERTS		6	8	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	5-18-05	62				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Director of Building and Zoning	Same	Tennessee	U S A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Roberts 08	Tennessee	Betty Fisher.	Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW II 8144	518 07 9212	John E Brooks	VA Hospital Records, Boise, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral contusion, mod. severe — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

(b) Hemorrhage, intracranial, generalized mod. extensive — 5 day

(c) Atelectasis, left lung — 1 day

II. OTHER SIGNIFICANT CONDITIONS (d) Skull fracture — 5 day

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	highway 06		011 Ada	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
VAA			m.		motorcycle struck dog

22. I attended the deceased from 6-7, 19 67, to 6-8, 19 67, and that death occurred at 11 PM m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. G. CROOKSTON, M.D.		VA Center, Boise, Idaho.	6-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
burial	June 12, 1967	Morris Hill Cemetery	Boise	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-16-67	Myrtle Palmer	Lowell D Summers	E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

JUL 11 1967

FEB 27 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2305
Local Reg. No. 311
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 6 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): EDITH
b. (Middle): MAUDE
c. (Last): ROOT

4. DATE OF DEATH: (Month) June (Day) 8, (Year) 1967

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: January 8, 1880

9. AGE (In years last birthday): 87
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: at home

11. BIRTHPLACE (State or foreign country): Paris, Texas

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Walker — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-44-2578

17. INFORMANT'S OWN SIGNATURE: Robert A Root — ADDRESS: Boise, Ida 5017 Wylie

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: Unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Aortic Stenosis — Unknown
DUE TO (c): Arteriosclerotic Heart Disease — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 12:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title): MD
23b. ADDRESS: 426 W Bannock
23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise Idaho

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature]
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2306
Local Reg. No. 305
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (If not in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1114 N. 8th. Street

3. NAME OF DECEASED (Type or Print)
a. (First): Byron
b. (Middle): Lee
c. (Last): Johnston

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept. 22, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Adrian, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jesse Johnston — BIRTHPLACE: Colorado
14. MOTHER'S MAIDEN NAME: Anna Mary Keller — BIRTHPLACE: Oakhill, Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-10-0251
17. INFORMANT'S OWN SIGNATURE: Lilah Johnston — ADDRESS:

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Massive Ant-Lateral Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Asthma - Mild — 20 yrs

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/14/64, 19__, *to* 6/9/67, 19__, *that I last saw the deceased alive on* 6/9/67, 19__, *and that death occurred at* 4:05 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 516
23b. ADDRESS: 1703 Hill Road, Boise
23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/12/67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-13-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson — LICENSE NO. E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2307
Local Reg. No. 313
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 20 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 210 Stapleton

3. NAME OF DECEASED (Type or Print): a. (First) Myron b. (Middle) E. c. (Last) Nelson

4. DATE OF DEATH: (Month) June (Day) 9 (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 2

8. DATE OF BIRTH: 3-9-12

9. AGE (In years last birthday): 55 — IF UNDER 1 YEAR: Months 2, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): decorator & painter 22

10b. KIND OF BUSINESS OR INDUSTRY: self employed

11. BIRTHPLACE (State or foreign country): Iona, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Martin Henry Nelson — BIRTHPLACE: Pleasant Grove, Ut.

14. MOTHER'S MAIDEN NAME: Alice Ainsworth — BIRTHPLACE: Salt Lake City, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II 4201

16. SOCIAL SECURITY NO.: 543054788

17. INFORMANT'S OWN SIGNATURE: Russell A Relyea — ADDRESS: 318 NO. Latah. Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 24 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic Heart
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1958, *to* June 8, 1967, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baber, MD

23b. ADDRESS: 121 E. Idaho Boise

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-12-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise Ada Idaho

DATE REC'D BY LOCAL REG.: 6-20-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell A. Relyea — LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Form DH-6302 Helen Olson

Federal Security Agency
United States Public Health Service

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 31 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2308
Local Reg. No. 373
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 19 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 40
b. COUNTY: Shoshone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mullan, Idaho
d. STREET ADDRESS (If rural, give location): 303 8th Street

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): David
c. (Last): Lena

4. DATE OF DEATH (Month) (Day) (Year): 6 10 67

5. SEX: M.
6. COLOR OR RACE: W.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): 1
8. DATE OF BIRTH: 6-9-67
9. AGE (In years last birthday): IF UNDER 1 YEAR: Months / Days 1; IF UNDER 24 HRS.: Hours 1 / Min. 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): --- 02
10b. KIND OF BUSINESS OR INDUSTRY: ---
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: no record
BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Ida Jean Lena
BIRTHPLACE: Kellogg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): --
(If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: ---
17. INFORMANT'S OWN SIGNATURE: Ida Jean Lena
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7615

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Prematurity - 36 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Spont. rupture of
DUE TO (c): membranes + amniotics

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Boise, Ada Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? (delivered) lived 31 hrs

22. *I hereby certify that I attended the deceased from* 6/8/67, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Gustav Rosenbaum MD 448
23b. ADDRESS: 148 E Jefferson Boise
23c. DATE SIGNED: 7-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-13-67
24c. NAME OF CEMETERY OR CREMATORY: Syringa Gardens
24d. LOCATION (City, town, or county) (State): Boise, Ada Idaho

DATE REC'D BY LOCAL REG.: 7-14-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A Relyea
LICENSE NO.: E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: b-67-5119

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2309
Local Reg. No. 319
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 23 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise rural
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Minnie		Sieck	June 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 18, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Greenville, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alberry Patterson	Ill.	Athala Esken	Unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		Bud Jerred	Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5711 Aspiration — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe gastroenteritis — 2-3 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10 June, 1967, *to* 10 June, 1967, *that I last saw the deceased alive on* 10 June, 1967, *and that death occurred at* 3:15 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Harold M. Statler MD	6003 Overland, Boise Id.	20 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-13-67	Cloverdale Memorial Park	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-23-67	Myrtle Palmer	Leo Jerred	E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 23 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 26 2015

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

R C S 21-1 RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2310
Local Reg. No. 91
Reg. Dist. No. 371

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
c. LENGTH OF STAY (in this place) 20 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 011 b. COUNTY ADA
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BOISE
d. STREET ADDRESS (If rural, give location) 4707 GROVER ST.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
CLIFFORD	W	WISCOMBE	June 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	WHITE	MARRIED 2	2-19-24	43				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC 10	AIRPLANE	BELLVIEW, KANSAS	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
C. E. WISCOMBE	KANSAS	MARY M HENRY	KANSAS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
YES	WW II 4	519 16 54 82	D.L. MOORE, VA CENTER, BOISE, IDAHO	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Embolic occlusion right middle cerebral and inferior cerebellar arteries.	6-8-67
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Thrombosis on prosthetic mitral valve.	?
DUE TO (c)	Rheumatic mitral stenosis.	8 yrs.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. [redacted] attended the deceased from 5/21/67, 19___, to 6/10/67, 19___, [redacted] and that death occurred at 10:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.G. STROMBERG, MD. 597		VA CENTER, BOISE, IDAHO	6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/13/67	Cloverdale Memorial Park	Boise Ida.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-15-67	Myrtle Palmer	G. W. Waters	E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home

JUN 16 1967

JUN 19 1967

JUN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2311
Local Reg. No. 88
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 15 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: ADA 011 2-07
b. CITY OR TOWN (If outside corporate limits, write RURAL and give): BOISE
c. LENGTH OF STAY (in this place): 214 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VET. ADMIN. CENTER 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 OREGON 555
b. COUNTY: BAKER
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BAKER
d. STREET ADDRESS (If rural, give location): 2250 - 16th STREET

3. NAME OF DECEASED (Type or Print): a. (First) OLAF b. (Middle) R. c. (Last) OLSON

4. DATE OF DEATH (Month) (Day) (Year): JUNE 10, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWER 2
8. DATE OF BIRTH: 9-22-93
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: AGRICULTURE
11. BIRTHPLACE (State or foreign country): NORTH POWDER, OREGON
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: CORNELIUS OLSON — BIRTHPLACE: WISCONSIN
14. MOTHER'S MAIDEN NAME: ELIZABETH HANSEN — BIRTHPLACE: NORWAY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES 1 — (If yes, give war or dates of service): WW I 3 1992
16. SOCIAL SECURITY NO.: 518 18 79 89
17. INFORMANT'S OWN SIGNATURE: D.L. MOORE, VA CENTER, BOISE, IDAHO — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic carcinoma. — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ I attended the deceased from 11/11/66, 19__, to 6/10/67, 19__, ~~that I last saw the deceased alive on 19__~~ and that death occurred at 9:05 A m., from the causes and on the date stated above.

23a. SIGNATURE: O. F. SWINDELL, M.D. 597 (Degree or title)
23b. ADDRESS: VA CENTER, BOISE, IDAHO
23c. DATE SIGNED: 6-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/12/67
24c. NAME OF CEMETERY OR CREMATORY: Beatty-West Chapel
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John F. Wilkerson
LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chpe

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 20 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2312
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise | LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2506 Gekeler Lane

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Alfred	Edward	Anderson	6	10	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	widowed 2	5-28-80	87	0	22		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
miner, lumberman 07	mining, lumber	Pioneerville, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Anderson	Kentucky	Mary Pauline Douillot	Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-01-2061A	DONALD E. ANDERSON,	1116 Rossi, Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary thrombosis with — INTERVAL BETWEEN ONSET AND DEATH: mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) emphysema — months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Expired in his sleep

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Did not see alive *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 12:30A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
583 E. Harris coroner	3720 Meadow Drive, Boise	6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	6-13-67	Dry Creek	Boise, Ada Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-13-67	Myrtle Palmer	Russell A Relyea	E-112

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 306
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 2506 Gekeler Lane

3. NAME OF DECEASED (Type or Print) a. (First) Alfred b. (Middle) Edward c. (Last) Anderson

4. DATE OF DEATH (Month) 6 (Day) 11th (Year) 67

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed

8. DATE OF BIRTH 5-28-1880

9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months 0 Days 22 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner, lumberman

10b. KIND OF BUSINESS OR INDUSTRY mining, lumber

11. BIRTHPLACE (State or foreign country) Pioneerville, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Anderson BIRTHPLACE Kentucky

14. MOTHER'S MAIDEN NAME Mary Pauline Douillot BIRTHPLACE Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-01-2064A

17. INFORMANT'S OWN SIGNATURE Margaret E. Anderson ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis, with — INTERVAL BETWEEN ONSET AND DEATH: Mins;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Emphysema. — Months.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Expired in his sleep.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1230A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] (Degree or title) Coroner

23b. ADDRESS 3720 Meadow Drive, Boise

23c. DATE SIGNED 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE 6-13-67

24c. NAME OF CEMETERY OR CREMATORY Dry Creek

24d. LOCATION (City, town, or county) Boise, Ada (State) Idaho

DATE REC'D BY LOCAL REG. 6-13-67

REGISTRAR'S SIGNATURE Myrtle Palmer

25. EMBALMER [signature] LICENSE NO. E-112

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 29, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2313
Local Reg. No. 326
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-02
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6807 Pamona Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Dora; b. (Middle) M.; c. (Last) Hawkes

4. DATE OF DEATH: (Month) June (Day) 11, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Aug 1, 1886

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): North Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Godfrey
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ida F. Cowles
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-26-8321-A

17. INFORMANT'S OWN SIGNATURE: Warren C. Hawkes
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

420 1

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Stewart S. Merrill, M.D. 357

23b. ADDRESS: Boise, Idaho

23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-13-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 6-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell A. Relyea

LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH 6-20-67

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death) for Dora M. Hawkes (Name on Original Certificate) who died (Was Born or Died) on June 11, 1967 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
date of birth	March 1, 1885	Aug 1, 1886
age at death	82	80

Subscribed and sworn to before me this 29 day of June, 1967

Notary Public, residing at Boise, Idaho

My commission expires 8-15-67

(Seal)

Signed Russell A. Kelly Esq

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

318 No. LATAH Boise

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of ..... } ss.
County of ..... }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 29 day of June, 1967

Notary Public, residing at Boise Ida

My commission expires 8-15-67

(Seal)

Signed Steve Spence

(Signature of Any Credible Person)

318 No. Latah Boise, Ida

(Street Address, City, State)

FORM DH 60-155

Death

Dora M. Hawkes died June 11, 1967

Boise, Idaho

82

March 1, 1885 Aug. 1, 1886

Stewart Mortuary

RECEIVED JUN 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 326
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 6807 Pamona Rd.

3. NAME OF DECEASED (Type or Print): a. (First) Dora b. (Middle) M. c. (Last) Hawkes

4. DATE OF DEATH: (Month) 6 (Day) 11 (Year) -67

5. SEX: female

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed

8. DATE OF BIRTH: 3-1-1885

9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months 3 Days 10
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife

10b. KIND OF BUSINESS OR INDUSTRY: --

11. BIRTHPLACE (State or foreign country): North Ogden, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Godfrey
BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Ida F. Cowles
BIRTHPLACE: Minnesota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): - - -

16. SOCIAL SECURITY NO.: 518-26-8321-A

17. INFORMANT'S OWN SIGNATURE: Norma C. Hawkes
ADDRESS: Boise, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Myrtle Palmer M.D.

23b. ADDRESS: Boise Ida

23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-13-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale

24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 6-16-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell A. Relyea

LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

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PENALTIES: Under the Idaho law, it is a misdemeanor to

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ADDITIONAL REMARKS by Physician.....

.....

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State File No. 2314
Local Reg. No. 329
Reg. Dist. No. 370

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 011
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4218 Franklin Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): W
c. (Last): Tucker

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct. 9, 1880
9. AGE (In years last birthday): 86 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Furniture finisher 21
10b. KIND OF BUSINESS OR INDUSTRY: same
11. BIRTHPLACE (State or foreign country): Cherry Point Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Mark Tucker — BIRTHPLACE: unk.
14. MOTHER'S MAIDEN NAME: Carolyn Barth — BIRTHPLACE: unk.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 561-16-6962-a
17. INFORMANT'S OWN SIGNATURE: Betty Aguirre — ADDRESS:

18. CAUSE OF DEATH 5810
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Arrhosis Liver — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/26/67, 19__, *to* 6/12/67, 19__, *that I last saw the deceased alive on* 6/12/67, 19__, *and that death occurred at* 2:10am *m., from the causes and on the date stated above.*

23a. SIGNATURE 387 (Degree or title): [signature] Ind
23b. ADDRESS: Boise Ida
23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): CREMATED 2
24b. DATE: 6/18/67
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW CREMATORY
24d. LOCATION (City, town, or county) (State): BOISE, IDAHO

DATE REC'D BY LOCAL REG.: 6-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Richard L. Mars
LICENSE NO.: E-443
MOUNTAIN VIEW FUNERAL HOME, BOISE, IDA.

Federal Security Agency
United States Public Health Service
Form DH-63021

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DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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3. THE REGISTRAR can issue a burial or removal permit, ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2315
Local Reg. No. 304
Reg. Dist. No. 370

RECEIVED JUN 15 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4525 Kootenai 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4525 Kootenai

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Wilson	Barker	June	12	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	8-12-1915	52		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Social Worker 08	VA Center	Portland, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter H. Barker	Indiana	Hattie M. House	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	540-10-7022	Mrs. Audrey Barker	4525 Kootenai

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable acute Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — 8 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 11/8, 1966, *to* 5/15, 1967, *that I last saw the deceased alive on* 5/15, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C A Adams 095, M.D.	Boise, Idaho	6/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/15/67	Syringa Gardens	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-15-67	Myrtle Palmer	Earl Waggoner	E 422

FIRM NAME McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2316
Local Reg. No. 89
Reg. Dist. No. 371

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 2-01
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 6 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Boise Valley Sunset Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 407 Jefferson

3. NAME OF DECEASED (Type or Print): a. (First) Edward b. (Middle) Dennis 235 c. (Last) Meyer

4. DATE OF DEATH: June 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single
8. DATE OF BIRTH: Nov. 13, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Paper Co.
11. BIRTHPLACE (State or foreign country): Prineville, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Isadore Meyer — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Philapena Bers — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: 540-03-5788
17. INFORMANT'S OWN SIGNATURE: Mrs Earl Glinkendale — ADDRESS: Boise

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1637

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS: Generalized Arteriosclerosis — ?
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/24, 1960, *to* 6/14, 1967, *that I last saw the deceased alive on* 6/14, 19 67, *and that death occurred at* 2:40A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. (Degree or title)
23b. ADDRESS: Boise
23c. DATE SIGNED: 6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-16-67
24c. NAME OF CEMETERY OR CREMATORY: Lebanon Cemetery
24d. LOCATION (City, town, or county) (State): Lebanon, Oregon

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Daniel A. Gibson
LICENSE NO.: E-400
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2317
Local Reg. No. 93
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO. 011 RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise.
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 320 Collins Rd. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 320 Collins Rd.

3. NAME OF DECEASED (Type or Print)
a. (First): Herman
b. (Middle): W.
c. (Last): McCullough

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: Oct. 19, 1899
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Heavy Eqip. oper. 11
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Rigby, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John McCullough — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Kate Cole — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): WW 1 3
16. SOCIAL SECURITY NO.: 512-12-6887
17. INFORMANT'S OWN SIGNATURE: + Jewell Fisher — ADDRESS: Idaho Falls, Ida.

18. CAUSE OF DEATH 976X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock & Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: brief

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)*: 410 Ga. Shotgun wound in head
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Suicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Parking lot 31
21c. (CITY, TOWN, OR TOWNSHIP): 320 Collins Rd. Boise. 010 (COUNTY): Ada (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 14, 1967 6:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Self inflicted gunshot

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19__, *that I last saw the deceased alive on* __, 19__, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 E. Paris (Degree or title): Coroner 4
23b. ADDRESS: 3720 Meadow Drive Boise, Ida.
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/17/1967
24c. NAME OF CEMETERY OR CREMATORY: Idaho Falls, Idaho
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: 6-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: John H. Wilkerson — LICENSE NO.: E 435

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McBratney-Alden-Waggoner Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2318
Local Reg. No. 332
Reg. Dist. No. 370

BIRTH NO. REC'D

1. PLACE OF DEATH — a. COUNTY: Ada — 011 — JUN 27 1967 — Bureau of — 100
b. CITY OR TOWN (If outside corporate limits, write RURAL, and give township): Boise, Idaho — LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Alphonsus Hospital 503

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Oregon 38 — b. COUNTY: Malheur 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ontario
d. STREET ADDRESS (If rural, give location): Route 1 - Box 33

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Harry	Edward	Stapp	June 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	May 10, 1910	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 10	Railroad	Bayle City, Illinois	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Stapp	Fayette Co., Ill.	Mary Merriman	Fayette Co., Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W. 2	551-20-0143	X L. L. McLeonga	R#2 Nyssa, Ore.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory Complexis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Etiology not known.
DUE TO (c) May be due to Botulism

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 14, 1967, *to* June 15, 1967, *that I last saw the deceased alive on* June 15, 1967, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Geo. H. Kruger M.D.	701 Idaho	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 18, 1967	Old Mode Cemetery	Shelby County - Illinois

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-23-67	Myrtle Palmer	Eldon T. Pearson Eldon T. Pearson	E-512

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: SEP 8 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2319
Local Reg. No. 314
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 20 1967

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1720 Broxon

3. NAME OF DECEASED (Type or Print)
a. (First): Joseph
b. (Middle): Francis
c. (Last): Vivier'

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1967

5. SEX: Male
6. COLOR OR RACE: Indian 3
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: 6-2-1913
9. AGE (In years last birthday): 54 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Handicapped 28
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Santee, Nebraska
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frank Vivier' — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Rebecca Turdell — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Carl K. Vivier — ADDRESS: Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

352X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: One month.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Quadraplegia - Neck injury & spinal cord — 12 years ago
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Pyelonephritis, — years?

19a. DATE OF OPERATION: 6/9/66
19b. MAJOR FINDINGS OF OPERATION: Tracheotomy - Suprapubic cystotomy years ago
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 2/13, 65, *to* June 15, 1967 *that I last saw the deceased alive on* June 15 1967, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 088 MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-18-67
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-19-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson — Gibson Funeral Home
LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Eldon T. Pearson

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 31 2006

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PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended July 5, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2320
Local Reg. No. 333
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH

a. COUNTY: Ada 011

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise

c. LENGTH OF STAY (in this place): 1½ Days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 010

b. COUNTY: Ada

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna

d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) C.; c. (Last) Vreugdenhil

4. DATE OF DEATH: (Month) June (Day) 16, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Nov. 14, 1897

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Abram Vreugdenhil — BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Tannetje Zegwald — BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-38-0880

17. INFORMANT'S OWN SIGNATURE: Thelma Vreugdenhil — ADDRESS: Kuna

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction 4201 — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-13-58, 19___, *to* 6-16-67, 19___, *that I last saw the deceased alive on* 6-16-67, 19___, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder, M.D. 071

23b. ADDRESS: 848 LaCassia, Boise, Idaho

23c. DATE SIGNED: 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Geo. Jerread

LICENSE NO.: E-366

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Robison Chapel of the Chimes

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of ..... }

Certificate No. .....

Date Filed June 27, 1967

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death) for John C. Vreugdenhil (Name on Original Certificate) who died (Was Born or Died) on June 16, 1967 (Date of Event) in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#8 Date of Birth	Nov. 14, 1967	Nov. 14, 1897
#24b Date	Jene 20, 1967	June 20, 1967

Subscribed and sworn to before me this 5th day of July, 1967

Notary Public, residing at Boise Idaho

My commission expires Sept 9, 1970

(Seal)

Signed Leo Lenard

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

105 E. Carlton Meridian Ida.

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 5th day of July, 1967

Notary Public, residing at Boise Idaho

My commission expires Sept 9, 1970

(Seal)

Signed Dale McMurtrey

(Signature of Any Credible Person)

1305 Bannock Boise Idaho

(Street Address, City, State)

FORM DH 60-155

Affidavit to Correct or Amend An Official Certificate of Birth or Death

June 27, 1962

death

June 15, 1962

John C. Vreugdenhil

died

Boise, Idaho

To

Nov. 14, 1897

June 20, 1957

Nov. 14, 1957

June 20, 1957

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 333
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 1½ Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kuna
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) C. c. (Last) Vreugdenhil

4. DATE OF DEATH: (Month) 6 (Day) 16 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Nov. 14, 1967

9. AGE (In years last birthday): 69
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Holland

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Abram Vreugdenhil
BIRTHPLACE: Holland

14. MOTHER'S MAIDEN NAME: Tannetje Zegwald
BIRTHPLACE: Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-38-0880

17. INFORMANT'S OWN SIGNATURE: Thelma Vreugdenhil
ADDRESS: Kuna

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): MYOCARDIAL INFARCTION
INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 3-13-58, 19___, *to* 6-16-67, 19___, *that I last saw the deceased alive on* 6-16-67, 19___, *and that death occurred at* 8:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Burkholder MD
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 6/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 20, 1967
24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
26. EMBALMER: Geo. Jerread
LICENSE NO.: E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 23 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2321
Local Reg. No. 321
Reg. Dist. No. 370

RECEIVED JUN 26 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 4508 Fairmont Place 000

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4508 Fairmont Place

3. NAME OF DECEASED (Type or Print): a. (First) Violet b. (Middle) Kiefer c. (Last) Franson

4. DATE OF DEATH: (Month) June (Day) 17, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 28, 1892

9. AGE (In years last birthday): 75 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Colon, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Jacob Kiefer — BIRTHPLACE: Germany

14. MOTHER'S MAIDEN NAME: Frederica Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-54-0529

17. INFORMANT'S OWN SIGNATURE: Marian Franson Scott — ADDRESS: 131 Dollar Rd Durham, N.C.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease — 8½ yrs

DUE TO (c) Arteriosclerosis — ?

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION: —

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): —

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: —

22. *I hereby certify that I attended the deceased from* 11/12, 1958, *to* 6/17, 1967, *that I last saw the deceased alive on* 6/21, 1967, *and that death occurred at* 11 A.M., *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] M.D.

23b. ADDRESS: Boise

23c. DATE SIGNED: 6/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/23/67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John F. Wilkerson — LICENSE NO.: E-435

FIRM NAME: McBratney-Alden-Waggoner Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2322
Local Reg. No. 318
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 21 1967 STATE OF IDAHO Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: 808 N. Curtis Rd.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada 001
c. CITY OR TOWN: Boise
d. STREET ADDRESS (If rural, give location): 2302 N. 22nd St.

3. NAME OF DECEASED (Type or Print): a. (First) Edith; b. (Middle) Jane; c. (Last) Bond

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Jan. 25, 1884

9. AGE (In years last birthday): 83
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 07

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (State or foreign country): England

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Foster — BIRTHPLACE: Sussex, England

14. MOTHER'S MAIDEN NAME: Jane Brown — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown): No
(If yes, give year or dates of service)

16. SOCIAL SECURITY: 518-36-0277

17. INFORMANT'S OWN SIGNATURE: X Steve A Doyle — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Parkinson Disease — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive heart failure — 1 hr
DUE TO (c): ASHD

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, *to* June 17, 1967, *that I last saw the deceased alive on* June 17, 1967, *and that death occurred at* [illegible] *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker MD
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 6-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Earl Waggoner
LICENSE NO.: E-422
FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2323
Local Reg. No. 215
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada 011 000 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1009 Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho — b. COUNTY: Ada 011 — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — d. STREET ADDRESS (If rural, give location): 1009 Main

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Thomas	Joseph	Geraghty	June 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 1 DAY: Hours	Min.
Male	White	Single	June 27, 1883	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter Const.	Morrison-Knudsen	Norton, Kansas	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Joseph Geraghty	Ireland	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		James Geraghty	Kansas

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: Brief.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Severe chest pains. — Hours

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Cancer skin growths — months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 9 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Coroner	3720 Meadow Drive, Boise,	6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	6-22-67	Norton Cemetery	Norton, Kansas

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUN 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2324
Local Reg. No. 317
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 21 1967

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 12 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2902 Breneman Street

3. NAME OF DECEASED (Type or Print)
a. (First): HARRY
b. (Middle): ENOS
c. (Last): KNOTTS

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Feb. 12, 1887

9. AGE (In years last birthday): 80
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Shoemaker

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Knoxville, Iowa

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Emery Knotts
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Saddie E. Sparr
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 518-24-9149

17. INFORMANT'S OWN SIGNATURE: Isabel Knotts
ADDRESS: 2902 Breneman Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): cerebrovascular accident — INTERVAL BETWEEN ONSET AND DEATH: 16-18 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7 June 1967 *to* 18 June 1967, *that I last saw the deceased alive on* 18 June 1967, *and that death occurred at* 11:50 m. PM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold M. Dalton MD
23b. ADDRESS: 6003 Overland, Boise, Ida.
23c. DATE SIGNED: 20 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-21-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Fred E. Walker
LICENSE NO.: E-483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2325
Local Reg. No. 835
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada 01 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise — LENGTH OF STAY (in this place): 1 day — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 010 — b. COUNTY: Ada — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Meridian — d. STREET ADDRESS (If rural, give location): 505 W. Washington

3. NAME OF DECEASED (Type or Print): a. (First) Herbert — b. (Middle) C. — c. (Last) Chriswisser

4. DATE OF DEATH: (Month) June (Day) 18, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 8, 1898

9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 32

10b. KIND OF BUSINESS OR INDUSTRY: Retail

11. BIRTHPLACE (State or foreign country): Nehawka, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Andrew Chriswisser — BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Rebecca Cotner — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Mrs. Dale C. Walters — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 3:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 368 Bruce Moody M.D. — 23b. ADDRESS: Boise — 23c. DATE SIGNED: 6/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 6-21-67 — 24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Mem. Park — 24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-29-67 — REGISTRAR'S SIGNATURE: Myrtle Palmer — 25. EMBALMER: [signature] — LICENSE NO.: E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 21, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2326
Local Reg. No. 316
Reg. Dist. No. 370

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada Oil 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 602

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 44 Texas 555
b. COUNTY: Dimmit
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Carrizo Springs
d. STREET ADDRESS (If rural, give location): 601 No. 13th St.

3. NAME OF DECEASED (Type or Print): a. (First) Ambrosio; b. (Middle) ---; c. (Last) Gonzalez

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: April 8, 1897

9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Nuevo Laredo, Tamps, Mexico

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Roman Gonzalez — BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Feliz Paderes — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 452-26-5269

17. INFORMANT'S OWN SIGNATURE: Julian Gonzalez — ADDRESS: Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1637 Carcinoma Rt Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yr +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6-19-67

19b. MAJOR FINDINGS OF OPERATION: Ca Rt lung

20. AUTOPSY? YES [x] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 19 67, *to* 6-19, 19 67, *that I last saw the deceased alive on* 6-19, 19 67, *and that death occurred at* 5:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 171 Richard A. Forney, M.D.

23b. ADDRESS: 425 Bannock, Boise

23c. DATE SIGNED: 6-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6-22-67

24c. NAME OF CEMETERY OR CREMATORY: Carrizo Springs

24d. LOCATION (City, town, or county) (State): Carrizo Springs, Texas

DATE REC'D BY LOCAL REG.: 6-21-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Eldon T. Pearson

LICENSE NO.: E-512

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Gibson Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

6-21-67

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of ..... } ss.
County of .....

Certificate No. 67-

Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Ambrosio Gonzalez (Name on Original Certificate) who died (Was Born or Died) on June 19, 1967 (Date of Event)

in Boise, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 2a	Idaho	Texas
Item 2b	Ada	Dimmit
Item 2c	Boise	Carrizo Springs

Subscribed and sworn to before me this 21 day of June, 1967

Hazel L. Hurlbert

Notary Public, residing at Eagle, Idaho

My commission expires Sept. 28, 1968

(Seal)

X Signed Eldon T. Pearson

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

507½ Idaho Boise, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 21 day of June, 1967

Corinne Gilbert

Notary Public, residing at Boise, Ida

My commission expires 8-4-68

(Seal)

X Signed Donald R. Waltman

(Signature of Any Credible Person)

2312 Pleasanton Boise, Idaho

(Street Address, City, State)

FORM DH 60-155 1 Cp Pd

6-21-67

Affidavit to Correct Record As Original Certificate of Birth or Death

67-

Ambrosio Gonzales died June 19, 1967

Boise, Idaho

Idaho
Ada
Boise

Texas
Dimmit
Carrizo Springs

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 316
Reg. Dist. No. 370

BIRTH NO. [redacted]

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 601 North 13th. Street

3. NAME OF DECEASED (Type or Print): a. (First) Ambrosio b. (Middle) [illegible] c. (Last) Gonzalez

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: April 8, 1897

9. AGE (In years last birthday): 70
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Farm Work

11. BIRTHPLACE (State or foreign country): Nuevo Laredo, Tamps, Mexico

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME: Roman Gonzalez
BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Felix Paderes
BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No.
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 452-26-5269

17. INFORMANT'S OWN SIGNATURE: X Juliana Gonzalez
ADDRESS: Texas

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma Rt Lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yr +

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 6/19/67
19b. MAJOR FINDINGS OF OPERATION: Ca Rt lung
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1967 *to* 6-19, 1967, *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* ± 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Richard C. Gainey (Degree or title) MD
23b. ADDRESS: 425 Bannock - Boise
23c. DATE SIGNED: 6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6-22-67
24c. NAME OF CEMETERY OR CREMATORY: Carrizo Springs
24d. LOCATION (City, town, or county) (State): Carrizo Springs, Texas

DATE REC'D BY LOCAL REG.: 6-21-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Eldon T. Pearson
LICENSE NO.: E-512
FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 21 1967

AUG 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2327
Local Reg. No. 94
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 27 1967 Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Ada 011 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 10025 Fairview Avenue

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 10025 Fairview Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): Baldwin 000
c. (Last): Augustus

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 26, 1886
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ranching 04
10b. KIND OF BUSINESS OR INDUSTRY: Darying
11. BIRTHPLACE (State or foreign country): New Orleans, Louisana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William B. Augustus — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Kate Brantley — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-38-2224
17. INFORMANT'S OWN SIGNATURE: Olga Augustus — 10025 Fairview Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5271

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac Decompensation — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chr. Cardio-pulmonary disease — 10 yrs.
DUE TO (c) Long standing Pulmonary disease

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Emphysema, Senility

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1966, *to* June 19, 1967, *that I last saw the deceased alive on* June 18, 1967, *and that death occurred at* 11:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: James S Hapnyan M.D. 242 (Degree or title)
23b. ADDRESS: 104 N Latah Boise Idaho
23c. DATE SIGNED: 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): ENTOMBMENT
24b. DATE: 6-27-67
24c. NAME OF CEMETERY OR CREMATORY: MOUNTAIN VIEW MAUSOLEUM
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: [signature] MOUNTAIN VIEW FUNERAL HOME, BOISE
LICENSE NO.: E-443

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED — Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2328
Local Reg. No. 331
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 01 | JUN 27 1967 | 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7914 Wesley Dr.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 01 b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 7914 Wesley Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Peyton	LaVon	Heatly	June 20, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	July 30, 1914	52				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Salesman 24	Chemical	Brinkman, Oklahoma	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Robert H. Heatly	Texas	Dora Simmons	Texas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	445-05-6702	X LaVonna Jones	Boise

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Bronchogenic Carcinoma, left lung 1621	8 mos
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert H. Hollobaugh M.D.	815 Ranch Rd Boise	21 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/21/67	Riverside Cemetery	Mangum, Oklahoma

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-21-67	Myrtle Palmer	G. W. Waters	E-461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2329
Local Reg. No. 324
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 26 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN Boise
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 011
c. CITY OR TOWN Boise
d. STREET ADDRESS (If rural, give location) 1309 Dalton Lane

3. NAME OF DECEASED (Type or Print)
a. (First) ARTHUR
b. (Middle) 000
c. (Last) SCOTT

4. DATE OF DEATH (Month) (Day) (Year) June 21, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married
8. DATE OF BIRTH June 10, 1898
9. AGE (In years last birthday) 69
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) building contractor
10b. KIND OF BUSINESS OR INDUSTRY building

11. BIRTHPLACE (State or foreign country) North Platte, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Scott
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Betty Hall
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes
(If yes, give war or dates of service) W.W. I
16. SOCIAL SECURITY NO. 518-07-7018

17. INFORMANT'S OWN SIGNATURE & Blanche Scott ADDRESS 1309 Dalton Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral & Chest injuries — INTERVAL BETWEEN ONSET AND DEATH: Hr 20 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street 04
21c. (CITY, TOWN, OR TOWNSHIP) Boise 011 (COUNTY) Ada (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 21 (Year) 1967 (Hour) 7 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☑
21f. HOW DID INJURY OCCUR? Automobile accident

22. I hereby certify that I attended the deceased from June 21, 1967, to June, 19__, that I last saw the deceased alive on June 21, 1967 and that death occurred at 8:20 m., from the causes and on the date stated above.

23a. SIGNATURE Quentin E Howard (Degree or title) MD
23b. ADDRESS 401 Idaho St Boise
23c. DATE SIGNED June 24 67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 24'67
24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery
24d. LOCATION (City, town, or county) Weiser, (State) Idaho

DATE REC'D BY LOCAL REG. 6-26-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Lowell M Summers
LICENSE NO. E-509

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

JUL 18 1967

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DUTIES:

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

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STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2330
Local Reg. No. 330
Reg. Dist. No. 370

BIRTH NO.

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 011 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY in this place: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St/Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 01 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 440 Bradley Street

3. NAME OF DECEASED (Type or Print): a. (First) Alice b. (Middle) R c. (Last) Stansbury

4. DATE OF DEATH (Month) (Day) (Year): June 21, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 21, 1921

9. AGE (In years last birthday): 46
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Cook-waitress 01

10b. KIND OF BUSINESS OR INDUSTRY: same

11. BIRTHPLACE (State or foreign country): Canada

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Harry Ramey
BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Elizabeth Johnson
BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Jack D. Stansbury 440 Bradley St. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5810

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Portal cirrhosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 1967, *to* June 21, 1967, *that I last saw the deceased alive on* June 21, 1967, *and that death occurred at* 6 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 005 Howard E. Allen, M.D.

23b. ADDRESS: 220 N. 1st St.

23c. DATE SIGNED: 6/26/1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 6/26/67

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-27-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Richard L. Mans

LICENSE NO.: E-443

MOUNTAIN VIEW FUNERAL HOME, BOISE

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

MAR 17 1977

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

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ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 26 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2331
Local Reg. No. 323
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) DOA St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 6515 Fairview Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) BURTON
b. (Middle) TOM 030
c. (Last) KINZER

4. DATE OF DEATH (Month) (Day) (Year) June 21, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH August 22, 1893
9. AGE (In years last birthday) 73
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) meat processor 06
10b. KIND OF BUSINESS OR INDUSTRY meat packing
11. BIRTHPLACE (State or foreign country) Boise, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE George Thomas Kinzer, Arago, Nebraska
14. MOTHER'S MAIDEN NAME BIRTHPLACE Etta Alice Smith, Emerson, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 519-36-1047
17. INFORMANT'S OWN SIGNATURE Verna A. Joslyn ADDRESS 2001 Boise Ave. Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct 4201 — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 11-17-66 to 6-21-67, that I last saw the deceased alive on 3-6-67, and that death occurred at 7:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 520
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Star Cemetery
24d. LOCATION (City, town, or county) Ada (State) Idaho

DATE REC'D BY LOCAL REG. 6-26-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER W. Dale McMurtrey
LICENSE NO. E-410

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

DUTIES:

JUN 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2332
Local Reg. No. 73
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: ADA 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BOISE
c. LENGTH OF STAY (in this place): 71 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA CENTER, BOISE, IDAHO 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 420
b. COUNTY: TWIN FALLS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): BUHL
d. STREET ADDRESS (If rural, give location): RT 3

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) R c. (Last) BAXTER

4. DATE OF DEATH: (Month) JUNE (Day) 21 (Year) 1967

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: 6-4-96

9. AGE (In years last birthday): 71 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FOREMAN 11

10b. KIND OF BUSINESS OR INDUSTRY: CONSTRUCTION

11. BIRTHPLACE (State or foreign country): OKLAHOMA CITY, OKLAHOMA

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: WILLIAM H. BAXTER — BIRTHPLACE: QUINCY, ILLINOIS

14. MOTHER'S MAIDEN NAME: HATTIE BRYANT — BIRTHPLACE: CANADA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES / (If yes, give war or dates of service): WWI 3 203X

16. SOCIAL SECURITY NO.: 518-09-7920

17. INFORMANT'S OWN SIGNATURE: J. KENT GREEN — ADDRESS: VA CENTER, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Multiple myeloma. — INTERVAL BETWEEN ONSET AND DEATH: 6 months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. ~~I hereby certify that~~ I attended the deceased from 4-11, 19 67, to 6-21, 19 67, ~~that I last saw the deceased~~ and that death occurred at 2:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE: M.G. STROMBERG, M.D. (Degree or title) 597

23b. ADDRESS: VA CENTER, BOISE, IDAHO

23c. DATE SIGNED: 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 6-22-67

24c. NAME OF CEMETERY OR CREMATORY: Buhl Cemetery

24d. LOCATION (City, town, or county) (State): Buhl, Twin Falls — Idaho

DATE REC'D BY LOCAL REG.: 6-30-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Russell A. Kelsey

LICENSE NO.: E-412

FIRM NAME: Kelsey Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2333
Local Reg. No. 320
Reg. Dist. No. 270

RECEIVED JUN 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY IN (this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 901 North 16th.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Francis	C.	Hart	June 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 5, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Engineer U.S.B.R. 088	Dept. of Interior	Colorado Springs, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William F. Hart	Mass.	Florence T. Coyne	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.	519-50-8539	Betty Lee Hart	Boise

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchogenic Carcinoma, R Lung — INTERVAL BETWEEN ONSET AND DEATH: 3 mos

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
16 May 67	Metastatic supraclavicular lymph nodes	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert J Holthen 236 M.D.	207 W State St	23 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-24-67	Cloverdale	Boise, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-23-67	Myrtle Palmer	Daniel G. Gibson	E-400

FIRM NAME: Gibson Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 30 1967 A

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 20 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2334
Local Reg. No. 336
Reg. Dist. No. 370

RECEIVED
JUN 28 1967
Bureau of Vital Statistics

BIRTH NO. 1-52

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN: Boise
c. LENGTH OF STAY IN THIS PLACE: 52 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION: 3312 Virginia St. OOO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN: Boise
d. STREET ADDRESS: 3312 Virginia Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Herbert	Edgar	Baldwin	June 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 2	Dec. 9, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Teamster, Retired	Peasley Transfer	Council Grove, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert Baldwin	unk	Rosetta Smith	unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-07-6245	C. A. Baldwin	Rt 7 Meridian

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardio Vascular disease — 4 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 65 *to* 10-24-, 1966 *that I last saw the deceased alive on* 10-24, 1966 *and that death occurred at* 9:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Edward L. Merrill MD	Boise Ida	6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/24/67	Meridian Cemetery	Meridian, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-28-67	Myrtle Palmer	Richard L. Means	E-143

MOUNTAIN VIEW FUNERAL HOME, BOISE

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2335
Local Reg. No. 339
Reg. Dist. No. 370

RECEIVED JUL 6 1967

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 4-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): few hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Luke's Hospital, Boise, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): Route #6

3. NAME OF DECEASED (Type or Print)
a. (First): Lyle
b. (Middle): Hyrum 002
c. (Last): Barson

4. DATE OF DEATH (Month) (Day) (Year): 6-22-67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): single
8. DATE OF BIRTH: 1-6-55
9. AGE (In years last birthday): 12 — IF UNDER 1 YEAR: Months 5, Days 16 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): student 03
10b. KIND OF BUSINESS OR INDUSTRY: - -
11. BIRTHPLACE (State or foreign country): Nampa, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Vaughn P. Barson — BIRTHPLACE: Salt Lake City, Ut.
14. MOTHER'S MAIDEN NAME: Gertrude McKnight — BIRTHPLACE: Lewiston, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Vaughn Barson — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2040

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Lymphoptic Leukemia — 3 yrs 3 mos
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1964, *to* June 22, 1967, *that I last saw the deceased alive on* June 22, 1967, *and that death occurred at* 5 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Carl M Johnston 264 Jml
23b. ADDRESS: 848 La Cassia Dr Boise
23c. DATE SIGNED: 6/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-26-67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Memorial
24d. LOCATION (City, town, or county) (State): Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.: 7-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2336
Local Reg. No. 322
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUN 26 1967 STATE OF IDAHO

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN: Boise
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Restful Manor 292

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 016
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 917 Pueble

3. NAME OF DECEASED (Type or Print): a. (First) Clyde b. (Middle) Nelson c. (Last) Morse

4. DATE OF DEATH: (Month) June (Day) 23, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: July 5, 1883

9. AGE (In years last birthday): 83 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Just. Peace, City clerk

10b. KIND OF BUSINESS OR INDUSTRY: City Govt.

11. BIRTHPLACE (State or foreign country): Princeton, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank A. Morse

BIRTHPLACE: Wisconsin

14. MOTHER'S MAIDEN NAME: Clara Spaulsbury

BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-01-3600

17. INFORMANT'S OWN SIGNATURE: Dean W. Morse ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Senility — 6 yrs
DUE TO (c) arteriosclerosis — 5 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

4500

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug, 1962 *to* June 23, 1967, *that I last saw the deceased alive on* June 22, 1967, *and that death occurred at* 3.00 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: O.R. Blackburn 046 (Degree or title) MD

23b. ADDRESS: 800 LaCassia Dr.

23c. DATE SIGNED: 24 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/26/67

24c. NAME OF CEMETERY OR CREMATORY: Morris Hill

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-26-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: John L. Wilkerson LICENSE NO. E 435

FIRM NAME: McBratney-Alden-Waggoner

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2337
Local Reg. No. 97
Reg. Dist. No. 371

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 4 years 1-04
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2205 Cribbens 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2205 Cribbens

3. NAME OF DECEASED (Type or Print)
a. (First): FRANK
b. (Middle): W.
c. (Last): PLANANSKY

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married
8. DATE OF BIRTH: July 22, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mill worker 17
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): New York City, New York
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME / BIRTHPLACE: Frank Planansky, Podebrady, Bohemia
14. MOTHER'S MAIDEN NAME / BIRTHPLACE: Carla Podlak, New York City

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE / ADDRESS: Lyle M. Boyce, 2205 Cribbens, Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Muscular Dystrophy 7441
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (Type Unknown)
DUE TO (c):
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 40 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 22, 1967, *to* death, 19___, *that I last saw the deceased alive on* June 22, 1967, *and that death occurred at* 8:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David Amelia M.D. 557
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 6/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 3
24b. DATE: June 24, '67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Baker, Oregon

DATE REC'D BY LOCAL REG.: 7-3-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Dowell Demaray
LICENSE NO.: E-509

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: SUMMERS FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2338
Local Reg. No. 344
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Township): Boise
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1021 No. 6th St., Boise, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. State: IDAHO 01
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1021 No. 6th St.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) [illegible] c. (Last) Farmer

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 9, 1879
9. AGE (In years last birthday): 88 | IF UNDER 1 YEAR Months: 5 Days: 14 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): sheepman 04
10b. KIND OF BUSINESS OR INDUSTRY: sheep
11. BIRTHPLACE (State or foreign country): Fort Harriman, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: James Morris Farmer BIRTHPLACE: Ledbury, Hereford, England
14. MOTHER'S MAIDEN NAME: Jane Morely Phillips BIRTHPLACE: Aberclare, Glamorgam, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: 519-42-2512
17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: 1021 No. 6th, Boise, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Recurrent Cerebral Thrombosis;

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Severe Coronary Arteriosclerosis.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 19 67, *to* June 22, 1967, *that I last saw the deceased alive on* June 22, 1967, *and that death occurred at* [illegible] p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: C E Johnson 261 (Degree or title)
23b. ADDRESS: 425 W. Bannock, Boise, Idaho, 83702
23c. DATE SIGNED: 7-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-27-67
24c. NAME OF CEMETERY OR CREMATORY: Nyssa Cemetery
24d. LOCATION (City, town, or county) (State): Nyssa, Malheur Oregon

DATE REC'D BY LOCAL REG.: 7-6-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

SEP 20 1968

OCT 22 1987

APR 07 1995

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2339
Local Reg. No. 364
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 14 1967 Bureau of Vital Statistics Idaho

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 01 2-06
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
LENGTH OF STAY (in this place) 6 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 4120 Starrcrest

3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) 003 c. (Last) Root

4. DATE OF DEATH (Month) (Day) (Year) 6-24-67

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH 12-21-1900
9. AGE (In years last birthday) 66 IF UNDER 1 YEAR Months 6 Days 0 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY - -
11. BIRTHPLACE (State or foreign country) Park City, Ut.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME David Hartwell BIRTHPLACE Ogden, Ut.
14. MOTHER'S MAIDEN NAME Mary Sanders BIRTHPLACE Farmington, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) - -
16. SOCIAL SECURITY NO. 560-56-1043
17. INFORMANT'S OWN SIGNATURE X T. R. Root Jr. ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH 4211
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Aortic Stenosis — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1967, *to* 6-24, 1967, *that I last saw the deceased alive on* 6-24, 1967, *and that death occurred at* 7 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Paul F. Miner 364 (Degree or title) MD
23b. ADDRESS 105 N. 8th St. Boise Idaho
23c. DATE SIGNED 7/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) cremation
24b. DATE 6-26-67
24c. NAME OF CEMETERY OR CREMATORY Mt. View Mausoleum
24d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho

DATE REC'D BY LOCAL REG. 7-12-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Russell A Relyea
LICENSE NO. E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 16 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 1 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 25 1989

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2340
Local Reg. No. 343
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1601 6th. St. N. Boise 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 804 5th. St. N. Nampa

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MARIAN	ESTELLE	REYNOLDS		6	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
F.	White	Divorced 4	8/ 4/ 1898	68		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
retired 29	retired	Zillah Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Owen B. Whitsen	Kansas	Carrie J. VanBuskirk	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 10 6320	Orland B. Reynolds	Middlebury Vermont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Pancreas — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* 6 - 22, 1967, *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D.B. Patterson M.D.	Boise	6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/ 27/ 1967	Kohlerlawn Cemetery	Nampa, Canyon, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-5-67	Myrtle Palmer	[illegible]	E-496

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1967 Bureau of Vital Statistics

State File No. 2341
Local Reg. No. 348
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital, Boise, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 001
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 925 Strawberry Ave., Boise.

3. NAME OF DECEASED (Type or Print): a. (First) Ted F. b. (Middle) c. (Last) Wasson

4. DATE OF DEATH: (Month) (Day) (Year) 6-24-67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 12-17-1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months 6, Days 7 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired govt. employee, & Fed. Govt.
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Walla Walla, Wn.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Thomas Wasson — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Martha Snyder — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WWI-
16. SOCIAL SECURITY NO.: 518-07-8147A
17. INFORMANT'S OWN SIGNATURE: Mrs Lyda Wasson — ADDRESS: 4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Brief

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Has record of Cardiac conditions, & attacks. — Months

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did Not See Alive, 19__, to 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 1150A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] — (Degree or title): Coroner
23b. ADDRESS: 3720 Meadow Drive, Boise.
23c. DATE SIGNED: 6-28-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-27-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ada, Idaho

DATE REC'D BY LOCAL REG.: 7-3-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: R. G. Relyea
LICENSE NO.: E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 21 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2342
Local Reg. No. 356
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUL 13 1967 1-03 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 2½ yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ada Co. Hospital, Boise, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 011
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 5709 Fairview

3. NAME OF DECEASED (Type or Print)
a. (First) Clara Bell
b. (Middle) 005
c. (Last) Guyer

4. DATE OF DEATH (Month) (Day) (Year) 6 26 67

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH 5-30-1895
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months 0 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY --
11. BIRTHPLACE (State or foreign country) Summersville, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME no record — BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Russell A. Relyea — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atrophy

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 14, 1964, *to* 6/25, 1967, *that I last saw the deceased alive on* 6/27, 1967, *and that death occurred at* 12 P *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 054 (Degree or title) M.D.
23b. ADDRESS Boise Idaho
23c. DATE SIGNED 7/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6-29-67
24c. NAME OF CEMETERY OR CREMATORY Syringa Gardens
24d. LOCATION (City, town, or county) (State) Boise, Ada, Idaho

DATE REC'D BY LOCAL REG. 7-11-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Russell A. Relyea
LICENSE NO. E-412

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Relyea Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than ~~one year, give address of~~ FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2343
Local Reg. No. 96
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
c. LENGTH OF STAY (in this place): 68 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1910 Vista Ave.

3. NAME OF DECEASED (Type or Print): a. (First) Herbert b. (Middle) K c. (Last) WARD

4. DATE OF DEATH: (Month) 6 (Day) 27 (Year) 67

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: 19-25-21

9. AGE (In years last birthday): 45 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Barber 21

10b. KIND OF BUSINESS OR INDUSTRY: Same

11. BIRTHPLACE (State or foreign country): Iowa.

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvin Ward — BIRTHPLACE: Mo.

14. MOTHER'S MAIDEN NAME: Ethel Kelly — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 488 14 9965

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: VA Hospital Records, Boise, Idaho.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Hodgkins Disease — INTERVAL BETWEEN ONSET AND DEATH: 4 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): VA m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. I attended the deceased from 4-20, 19 67, to 6-27, 19 67, and that death occurred at 11:24 AM, from the causes and on the date stated above.

23a. SIGNATURE AND TITLE OF CERTIFYING PHYSICIAN (Degree or title): O. F. Swindell, M.D. 597

23b. ADDRESS: VA Center, Boise, Idaho

23c. DATE SIGNED: 6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: 7/1/67

24c. NAME OF CEMETERY OR CREMATORY: Mountain View Crematory

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-5-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: Richard L. Mays

LICENSE NO.: E-443

FIRM NAME: MOUNTAIN VIEW FUNERAL HOME, BOISE

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 6 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2344
Local Reg. No. 341
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JUL 10 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada 011
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 412 Idaho St.

3. NAME OF DECEASED (Type or Print) a. (First) ANNA b. (Middle) LORRAINE c. (Last) POULSON

4. DATE OF DEATH (Month) (Day) (Year) June 27, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH October 14, 1887
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Dubuque, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Frank Anderson BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Matilda (Unknown) BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) ---
16. SOCIAL SECURITY NO. 519-14-8115
17. INFORMANT'S OWN SIGNATURE Sam W. Poulson ADDRESS 212 Hillcrest Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction 4201 — INTERVAL BETWEEN ONSET AND DEATH 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 26 June, 1967, *to* 27 June, 1967, *that I last saw the deceased alive on* 27 June, 1967, *and that death occurred at* 8:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE Miller A. Walker 654 (Degree or title) M.D.
23b. ADDRESS 425 W Bannock
23c. DATE SIGNED 6/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 29, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 7-3-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Fred E Walker
LICENSE NO. E- 483
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2345
Local Reg. No. 98
Reg. Dist. No. 371

BIRTH NO.

RECEIVED JUL 10 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 01 Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise, Idaho
LENGTH OF STAY (in this place): 3 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): VA Center, Boise, Idaho.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 38 Oregon
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harper
d. STREET ADDRESS (If rural, give location): RT # 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Verne	K	Roberts	6	27	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	6 18 94	73				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Same
11. BIRTHPLACE (State or foreign country): Kansas
12. CITIZEN OF WHAT COUNTRY? USA.
13. FATHER'S NAME: James Roberts — BIRTHPLACE: Mich.
14. MOTHER'S MAIDEN NAME: Georgia Morton — BIRTHPLACE: Mich.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of service): WW 1 3 33 2X
16. SOCIAL SECURITY NO.: 540 14 15 67
17. INFORMANT'S OWN SIGNATURE: John B. Roberts — ADDRESS: VA HOSPITAL RECORDS, BOISE, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral thrombosis. — INTERVAL BETWEEN ONSET AND DEATH: 5 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis. — 10 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema. — 10 yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: VA
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 6-24, 1967, to 6-27, 1967, that I last saw the deceased on the date stated above, and that death occurred at 6:15 AM., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Glenn Voyles GLENN Q VOYLES, M.D. 597	VA CENTER, BOISE, IDAHO	6-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 2	6/30/67	Valley View Cemetery	Vale, Oregon

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-67	Myrtle Palmer	Donald F Brown	E 408

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Gibson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2346
Local Reg. No. 342
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
d. STREET ADDRESS (If rural, give location) 1314 River Street

3. NAME OF DECEASED (Type or Print) a. (First) EFFIE b. (Middle) B. c. (Last) RIORDAN

4. DATE OF DEATH (Month) (Day) (Year) June 28, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed
8. DATE OF BIRTH Dec. 28, 1877
9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Meigs County, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jeremiah Reeves BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Elizabeth Lathe BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 566 32 9404
17. INFORMANT'S OWN SIGNATURE Emil W. Riordan ADDRESS 1314 River Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-20-53, 19__, *to* 6-28-67, 19__, *that I last saw the deceased alive on* 6-28-67, 19__, *and that death occurred at* 9:00a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Maurice H. Goldwater, M.D.
23b. ADDRESS 848 La Cassia Boise, Idaho
23c. DATE SIGNED 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 30, 1967
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) Boise (State) Idaho

DATE REC'D BY LOCAL REG. 7-3-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Fred E. Walker
LICENSE NO. E-483
FIRM NAME SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 3 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

NOV 26 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2347
Local Reg. No. 337
Reg. Dist. No. 370

RECEIVED 011 JUN 29 1967 Bureau of Vital Statistics 5-05

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mtn View Medical Center

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2117 Hill Road

3. NAME OF DECEASED (Type or Print)
a. (First): ELIZABETH
b. (Middle): M. 000
c. (Last): SCHRUPP

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 5, 1918
9. AGE (In years last birthday): 49 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Secretary-19
10b. KIND OF BUSINESS OR INDUSTRY: Industrial Indemnity Ins.
11. BIRTHPLACE (State or foreign country): Edmonton, Alberta Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stanley H. Riggs — BIRTHPLACE: Listowell, Ontario
14. MOTHER'S MAIDEN NAME: Laura M. Livingston — BIRTHPLACE: Halifax, Nova Scotia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 092-24-5623
17. INFORMANT'S OWN SIGNATURE: Stanley W. Jessop — ADDRESS: 1609 N. 15th Boise, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 Minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute Coronary Thrombosis — 5 Minutes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 24, 1961, *to* June 28, 1967, *that I last saw the deceased alive on* June 28, 1967, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 426 J. L. Lincoln, M.D.
23b. ADDRESS: 6613 Ustick Rd, Boise, Idaho
23c. DATE SIGNED: 6/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-1-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-29-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Lowell Delmarey
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2348
Local Reg. No. 353
Reg. Dist. No. 370

Certificate of Death

RECEIVED JUL 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LIMITS OF STAY (in this place): 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4417 Gage Street

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle): D.
c. (Last): DAY

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 28, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Gardener 06
10b. KIND OF BUSINESS OR INDUSTRY: Gardening
11. BIRTHPLACE (State or foreign country): Rodmersham, England
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Edward Day — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Emily Honey — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-09-7244
17. INFORMANT'S OWN SIGNATURE: Charles E. Day — ADDRESS: Box 87 Meadows Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 6 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Occlusion
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Metastatic Melanoma

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 1952, *to* June 29, 1967, *that I last saw the deceased alive on* June 29, 1967, *and that death occurred at* 10:15 AM *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert M. Grazier, M.D. 176
23b. ADDRESS: 2010 N Cole - Boise, Idaho
23c. DATE SIGNED: 7-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-1-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-10-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Ardale McMurdy — LICENSE NO. E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2349
Local Reg. No. 338
Reg. Dist. No. 270

BIRTH NO.

RECEIVED JUN 30 1967 BUREAU OF VITAL STATISTICS

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Ada (01)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital (002)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada (01)
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 5105 Alamosa

3. NAME OF DECEASED (Type or Print): a. (First) Jimmie; b. (Middle) G.; c. (Last) Peterson

4. DATE OF DEATH: (Month) (Day) (Year): June 29, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married (2)

8. DATE OF BIRTH: April 12, 1933

9. AGE (In years last birthday): 34
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanic (27)

10b. KIND OF BUSINESS OR INDUSTRY: Small motor repair

11. BIRTHPLACE (State or foreign country): Nampa, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Loren Peterson
BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Peggy McDonald
BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-28-3134

17. INFORMANT'S OWN SIGNATURE: * Phyliss A. Peterson
ADDRESS: Boise, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): HYPERTENSION — 24 yrs

DUE TO (c): GLOMERULOSCLEROSIS — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

DIABETES MELLITUS — 20 yrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-24-56, 19___, *to* 6-29-67, 19___, *that I last saw the deceased alive on* 6-29-67, 19___, *and that death occurred at* 5:10 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice M. Rudolph MD

23b. ADDRESS: 848 La Cassia Boise, Idaho

23c. DATE SIGNED: 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7-3-67

24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Memorial Park

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-30-67

REGISTRAR'S SIGNATURE: Myrtle Palmer

25. EMBALMER: G. W. Waters

LICENSE NO.: E-461

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Cloverdale Funeral Home 335-2212

DUTIES:

JUN 30 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 31 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2350
Local Reg. No. 283
Reg. Dist. No. 370

RECEIVED JUL 20 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Ada 011 — b. CITY OR TOWN: Boise — c. LENGTH OF STAY (in this place): 14 Days — d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 01 — b. COUNTY: Ada — c. CITY OR TOWN: Boise — d. STREET ADDRESS: 2104 North 18th Street

3. NAME OF DECEASED (Type or Print): a. (First) NORA — b. (Middle) E. — c. (Last) FULLER

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1967

5. SEX: Female — 6. COLOR OR RACE: White — 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2 — 8. DATE OF BIRTH: July 29, 1876 — 9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01 — 10b. KIND OF BUSINESS OR INDUSTRY: At home — 11. BIRTHPLACE (State or foreign country): Montcalm Co., Michigan — 12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Wellington, BIRTHPLACE: Cornwall England — 14. MOTHER'S MAIDEN NAME: Alice Fish, BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---

16. SOCIAL SECURITY NO.: 519-58-9481

17. INFORMANT'S OWN SIGNATURE: E. L. Fuller — ADDRESS: Langley, Washington

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4467

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Nephrosclerosis

DUE TO (c) Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — 19b. MAJOR FINDINGS OF OPERATION — 20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) — 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) — 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. — 21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — 21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 20, 1967, *to* June 29, 1967, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 5:00 AM *from the causes and on the date stated above.*

23a. SIGNATURE: George R Baker — (Degree or title) MD — 23b. ADDRESS: 121 East Idaho — 23c. DATE SIGNED: 7/

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — 24b. DATE: 7-1-67 — 24c. NAME OF CEMETERY OR CREMATORY: Cloverdale Cemetery — 24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-19-67 — REGISTRAR'S SIGNATURE: Myrtle Palmer — 25. EMBALMER: [signature] — LICENSE NO.: E-410

FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUL 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2351
Local Reg. No. 354
Reg. Dist. No. 370

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Ada 011 4-03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise
c. LENGTH OF STAY (in this place) 3 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meridian
d. STREET ADDRESS (If rural, give location) 52 E. State

3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) R. c. (Last) Wright

4. DATE OF DEATH (Month) (Day) (Year) June 29, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 27, 1899
9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Automobile dealer 24
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Lincoln, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Wright BIRTHPLACE England
14. MOTHER'S MAIDEN NAME Bertha Weber BIRTHPLACE Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW 1 3
16. SOCIAL SECURITY NO. 519-36-4572
17. INFORMANT'S OWN SIGNATURE x Donald Lewis Wright Valley Station Kent.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive heart disease — unk.
DUE TO (c) Chronic pyelonephritis — unk.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3:00 am 6-29, 1967, *to* 5:00 am 6-29, 1967, *that I last saw the deceased alive on* 6-29, 1967, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE Lee Shelley MD 624 (Degree or title)
23b. ADDRESS 925 E 1st Meridian, Ida
23c. DATE SIGNED 7-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7-3-67
24c. NAME OF CEMETERY OR CREMATORY Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State) Boise, Idaho

DATE REC'D BY LOCAL REG. 7-10-67
REGISTRAR'S SIGNATURE Myrtle Palmer
25. EMBALMER Geo Ferread
LICENSE NO. E-366

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robison Chapel of the Chimes

DUTIES:

JUL 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to supervise the facts shall sign HIS name in addition to giving the source of information.

AUG 7 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 28 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2352
Local Reg. No. 346
Reg. Dist. No. 370

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 5 Days 3-05
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 1713 Resseguie Street

3. NAME OF DECEASED (Type or Print): a. (First) MAUDE b. (Middle) D. c. (Last) LARSON

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Feb. 28, 1884
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Janesville, Wisconsin
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Ansel Dickinson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Jane Jamison — BIRTHPLACE: Janesville, Wisc.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 519-12-7694
17. INFORMANT'S OWN SIGNATURE: Bohena L. Bush — ADDRESS: San Angelo, Texas

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

465X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Unknown
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Generalized arterio, sterosis
Coronary insufficiency

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-24, 1967, *to* 6-29, 1967, *that I last saw the deceased alive on* 6-29, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C C Johnson 261 (Degree or title) MD
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 7-3-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Dowell W. Demaray
LICENSE NO.: E-509
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Item #. 7 amended
5-10-85 fc

Certificate of Death

STATE OF IDAHO

State File No. 2353
Local Reg. No. 352
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Lukes Hospital 005

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 011
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 4711 Kendall

3. NAME OF DECEASED (Type or Print)
a. (First): Merle
b. (Middle): Milton
c. (Last): Grubb

4. DATE OF DEATH (Month) (Day) (Year): 6-29-67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): --widowed DIVORCED
8. DATE OF BIRTH: 4-2-13
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months 2, Days 27 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): shovel operator 11
10b. KIND OF BUSINESS OR INDUSTRY: Equipment Co.
11. BIRTHPLACE (State or foreign country): Aitkin, Minn.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Milton Grubb — BIRTHPLACE: Waterloo, Iowa
14. MOTHER'S MAIDEN NAME: Della Marmon — BIRTHPLACE: Ponca, Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): - -
16. SOCIAL SECURITY NO.: 518-07-6101
17. INFORMANT'S OWN SIGNATURE: X Mrs. Chris Edgar — ADDRESS: Ahsahka, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Metastatic Carcinoma Colon — INTERVAL BETWEEN ONSET AND DEATH: 9 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1967, *to* June, 1967, *that I last saw the deceased alive on* June 28, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): George R Baker, MD 019
23b. ADDRESS: 121 E. Idaho Boise
23c. DATE SIGNED: 7-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-3-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Ida, Idaho

DATE REC'D BY LOCAL REG.: 7-11-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A Relyea — LICENSE NO.: E-412

FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 1 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 2 2 1976

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 7 1985

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH AND WELFARE
Bureau of Vital Statistics, Standards, and Local Health Services

AFFIDAVIT TO CORRECT OR AMEND ORIGINAL CERTIFICATE

RECEIVED
BUREAU OF
VITAL STATISTICS
MAY 10 3 11 PM '85

State of _____ } ss.
County of _____

Certificate No. D67-2353
Date Filed _____

The undersigned does solemnly swear that certain facts on the certificate of death
for Merle Milton Grubb (Name on Original Certificate) who died (Was Born, Died, etc.) on June 29, 1967 (Date of Event)
in Boise (Place of Event) are erroneous or were omitted:

ITEMS TO BE CORRECTED	FROM	TO
Item 7	widowed	divorced

Subscribed and sworn to before me this 10th day of May, 1985
Notary Public Florence Cartright
Residing at Boise
My commission expires 7-20-86
(Seal)

Alice Lee Grubb
Signature of Applicant
10119 Tanglewood
Street Address, City, State

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Ada

(Must be completed ___)
(Is not necessary ___)

The undersigned does solemnly swear that he has knowledge of the facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 10th day of May, 1985
Notary Public Florence Cartright
Residing at Boise
My commission expires 7-20-86
(Seal)

Telephone call - 5-9-85 fc

Alice T. Grubb
Supporting Signature
10103 Tanglewood Dr.
Street Address, City, State
Boise, Idaho 83709

Divorce Decree issued by Adams County, in the state of Washington shows that Merle M. Grubb was divorced from Alice Grubb on June 26, 1959. Judge George H. Freese.
Viewed by V.S.

MAY 1 0 1985

Alice Grubb, Wife - signed affidavit - still living 5-10-85

CherieEnger and CherieGrubb are one and the same person. She was informant

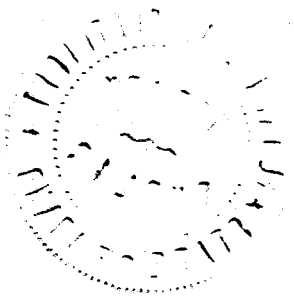

Certificate of Death

STATE OF IDAHO

State File No. 2354
Local Reg. No. 3474
Reg. Dist. No. 370

BIRTH NO.

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Ada 01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (In this place): 30 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada 01
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 513 Highland Street

3. NAME OF DECEASED (Type or Print): a. (First) HELEN b. (Middle) K. 003 c. (Last) PRIEST

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 26, 1887
9. AGE (In years last birthday): 79 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At home
11. BIRTHPLACE (State or foreign country): Ketchum, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert Koeninger — BIRTHPLACE: Germany
14. MOTHER'S MAIDEN NAME: Elise Marie Yekel — BIRTHPLACE: Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ---
16. SOCIAL SECURITY NO.: 518-07-2975
17. INFORMANT'S OWN SIGNATURE: Irma M. McConnell — ADDRESS: 1630 London Boise, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* 12-30-52, 19__, *to* 6-30-67, 19__, *that I last saw the deceased alive on* 6-30-67, 19__, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Maurice H. Rudisill M.D.
23b. ADDRESS: 848 La Cassia Boise, Idaho
23c. DATE SIGNED: 7/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-5-67
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-7-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: J. Richard Reed
LICENSE NO.: E-440
FIRM NAME: SUMMERS FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2355
Local Reg. No. 368
Reg. Dist. No. 370

RECEIVED JUL 17 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Ada 011
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
c. LENGTH OF STAY (in this place): 35 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Alphonsus Hospital 003

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 010
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print): a. (First) Lloyd b. (Middle) Leslie (Doc) c. (Last) Lewis

4. DATE OF DEATH (Month) (Day) (Year): 6-30-67

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: 5-6-1892

9. AGE (In years last birthday): 75
IF UNDER 1 YEAR: Months 1 Days 24
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): veterinarian 14

10b. KIND OF BUSINESS OR INDUSTRY: veterinary

11. BIRTHPLACE (State or foreign country): Hays Center, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lewis
BIRTHPLACE: Wales, England

14. MOTHER'S MAIDEN NAME: Callie Louisa Rosa
BIRTHPLACE: Jasper Co., Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Edward J. Lewis
ADDRESS: 4303 Collister Dr.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA 3317
INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 6-18, 1967, *to* 6-30, 1967, *that I last saw the deceased alive on* 6-30, 1967, *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hunk Asher 167 (Degree or title) M.D
23b. ADDRESS: 123 E. Idaho St
23c. DATE SIGNED: July 11-1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-3-67
24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7-13-67
REGISTRAR'S SIGNATURE: Myrtle Palmer
25. EMBALMER: Russell A. Relyea
LICENSE NO.: E-412
FIRM NAME: Relyea Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 13 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAY 15 1979

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2356
Local Reg. No. 10
Reg. Dist. No. 300

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Adams 020 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hell's Canyon
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Alphonsus 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pasco
d. STREET ADDRESS (If rural, give location): Flamingo Village, 111 Crystal Dr.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Lonzo c. (Last) Carico, Jr.

4. DATE OF DEATH (Month) 6 (Day) 3 (Year) 67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: 9/22/33
9. AGE (In years last birthday): 33 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): la borer 06
10b. KIND OF BUSINESS OR INDUSTRY: construction
11. BIRTHPLACE (State or foreign country): Riverbank California
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: William Lonzo Carico Sr. — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Pansy Agnes Lane — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service): Korea n 6
16. SOCIAL SECURITY NO.: 548-44-6585
17. INFORMANT'S OWN SIGNATURE: Russell A. Relyea — ADDRESS:

9023

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe Skull Fracture + Brain injury — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Accidental Fall — Seconds
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hells Canyon 20 Adam
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Oxbow ~~Willowa~~ Adams 020, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 3, 1967 Am.
21e. INJURY OCCURRED: WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hiram Heman MD 037
23b. ADDRESS: Boise Idaho
23c. DATE SIGNED: 16 June '67

24a. BURIAL, CREMATION, REMOVAL (Specify): removal 2
24b. DATE: June 4, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pasco
24d. LOCATION (City, town, or county) (State): Pasco Washington

DATE REC'D BY LOCAL REG.: 6-17-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Russell A. Relyea — LICENSE NO. E-412
FIRM NAME: RELYEA MORTUARY Boise, Idaho

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2357
Local Reg. No.
Reg. Dist. No. 300

BIRTH NO.

RECEIVED
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Adams 020 — JUN 16 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Council Community Hospital 017

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 020 b. COUNTY: Adams
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Council
d. STREET ADDRESS (If rural, give location): ----

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	LESLIE	ANDREW	BOWMAN	June	5	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married	May 24, 1899	68	0	11		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger 17	Logging	Baker, Oregon	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
----	----	----	----

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-01-4195	X Eleanor Mae Bowman	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 15, 19 67 *to* June 5, 19 67, *that I last saw the deceased alive on* June 5, 19 67, *and that death occurred at* 7:15a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	Council, Idaho	6/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 8, 1967	I.O.O.F. Cemetery	Council Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6/5/67	[signature]	Marshall L Dickerson	E 464

Federal Security Agency
United States Public Health Service

Form PH-63021

FIRM NAME: Northam-Jones Funeral Home

JUL 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2358
Local Reg. No. 11
Reg. Dist. No. 300

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 020 Adams
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hells Canyon Dam
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Trailerhouse - Big Bar Trailer Park 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 555 Yakima
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Yakima
d. STREET ADDRESS (If rural, give location) 211 S. 30th Avenue

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) J. c. (Last) LEAUTHIER

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH April 13, 1913
9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician 27
10b. KIND OF BUSINESS OR INDUSTRY Construction
11. BIRTHPLACE (State or foreign country) Prosser, Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Leauthier BIRTHPLACE France
14. MOTHER'S MAIDEN NAME Lucy Gremo BIRTHPLACE France

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II 4
16. SOCIAL SECURITY NO. 539-09-4811
17. INFORMANT'S OWN SIGNATURE x Isabelle A Leauthier ADDRESS Yakima, Washington

4207

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Art Scl Cardi Vas Disease — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Renal disease - Post nephrectomy — Years.

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) —
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) —
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* June 11, 1967, *to* June 11, 1967, *that I last saw the deceased alive on* June 11, 1967, *and that death occurred at* 2:45 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Joseph C. M. Downs MD
23b. ADDRESS JOSEPH C. M. DOWNS, M. D. P. O. Box 1236, B.B.R.S. Cambridge, Idaho 83678
23c. DATE SIGNED 6/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Terrace Heights Mem. Park
24d. LOCATION (City, town, or county) (State) Yakima, Washington

DATE REC'D BY LOCAL REG. 6-20-67
REGISTRAR'S SIGNATURE
25. EMBALMER Thad P. Beatty
LICENSE NO. E-311
FIRM NAME: West & Co., Baker, Oregon

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 1 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2359
Local Reg. No. 12
Reg. Dist. No. 300

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Adams 020
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Indian Valley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Adams 020
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Indian Valley
d. STREET ADDRESS (If rural, give location) * R, Cambridge, Idaho

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Eugene	John	Coski		6 -	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	never married	1/23/1929	38		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	agriculture	Indian Valley, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis B. Coski	Thornton, Ill.	Marion Ludwig	Rochelle, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no			Louis B Coski	Indian Valley Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7798

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) 020 (COUNTY) (STATE)
Suicide		Rural Indian Valley Adams Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from _____, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Prosecuting Attorney, Adams Co.	Council, Idaho	6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal burial	6/21/67	Hillcrest	Weiser Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-1-67		F. Dale Thomason	E 388

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Northam-Jones Funeral Home

JUL 13 1967

JUL 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2360
Local Reg. No. 152
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 8 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 030
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): FORD
b. (Middle): 020
c. (Last): NELSON

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 15, 1922
9. AGE (In years last birthday): 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Fish and Wildlife 08
10b. KIND OF BUSINESS OR INDUSTRY: Service
11. BIRTHPLACE (State or foreign country): Bedford, Wyoming
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles H. Nelson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Susan C. Hymas — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War II 4
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Ivan Nelson — ADDRESS: Kaysville, Utah

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary occlusion

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1967 *to* June 1, 1967, *that I last saw the deceased alive on* 070, 1967, *and that death occurred at* 11 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Emily Burkhart Supp
23b. ADDRESS: Downey Idaho
23c. DATE SIGNED: 6 3 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jun. 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Downey Cemetery
24d. LOCATION (City, town, or county) (State): Downey, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 6-5-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 9 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2361
Local Reg. No. 156
Reg. Dist. No. 510

BIRTH NO.

RECEIVED 03 JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 221 West Young

3. NAME OF DECEASED (Type or Print): a. (First) LAWRENCE b. (Middle) S. c. (Last) LOWE

4. DATE OF DEATH: (Month) (Day) (Year) June 1, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Feb. 9, 1906

9. AGE (In years last birthday): 61 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Electrician 10

10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.

11. BIRTHPLACE (State or foreign country): Rigby, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Sylvester Lowe — BIRTHPLACE: Ohio

14. MOTHER'S MAIDEN NAME: Lucy Campbell — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXX

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Lillie H. Lowe — ADDRESS: Pocatello

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 1 wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-25-, 1967, *to* 6-1-, 1967, *that I last saw the deceased alive on* 6-1-67, 19___, *and that death occurred at* 1:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David E. Miller M.D.

23b. ADDRESS: Pocatello Idaho

23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jun. 3, 1967

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens

24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUN 8 1967

REGISTRAR'S SIGNATURE: Lacey Kelley

25. EMBALMER: Conway Grant — LICENSE NO.: E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967

JUN 21 1967

OCT 17 1967

DEC 1 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2362
Local Reg. No. 172
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JUN 23 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello 000
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 734 Grace Drive

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MARY	LUELLA	MILLWARD	June 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2		67 years				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07	Own Home	Grantsville, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Benjamin B. Millward	New York	LaVina Ann Steel	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Loy B Millward	Pocatello, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4280

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-1-67, 19____, *to* 6-1-67, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[illegible]	Pocatello Idaho	6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5, 1967	Fairview Cemetery	Fairview, Wyoming

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-67	Mary Keeler	Conway Grant	E-478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2363
Local Reg. No. 161
Reg. Dist. No. 510

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
DURATION OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 409 Willard Avenue 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 409 Willard Avenue

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	WILLIAM	WARD	MITTS		June	2	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	February 10, 1883	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Machinist 21	Air Force Bases	Ouray, Colorado	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jacob Mitts		Emiline Love	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	*****	519-18-8358A	Mrs. Dorothy A. Doley	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebral Vascular 334X — INTERVAL BETWEEN ONSET AND DEATH: 1-2 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) disease, Clot Block, myocardial

DUE TO (c) disease & failure.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1965, 19___, *to* June 2, 19 67, *that I last saw the deceased alive on* May, 1967, *and that death occurred at* 3:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
362 David C. Miller M.D.	Pocatello, Idaho	June 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5, 1967	Restlawn Memorial Gardens	Pocatello Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-14-67	Lucy Kellogg	Jack Henderson	E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2364
Local Reg. No. 162
Reg. Dist. No. 510

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 03
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA St. Anthony Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 584 W. Clark

3. NAME OF DECEASED (Type or Print)
a. (First): VERONICA
b. (Middle): A.
c. (Last): ALLDRED

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Mar. 25, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Canada
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John W. Alldred — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Mary Eagan — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Fergus J. Alldred — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ArTeriosclerotic Heart Dis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Asthma, Chr. (Prolonged)

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* —, 19__, *to* —, 19__, *that I last saw the deceased* Rec'd *on* 6-3-1967, *and that death occurred at* 5:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 583 Burton John (Degree or title) Coroner
23b. ADDRESS Bannock Co Idaho
23c. DATE SIGNED 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-6-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gomar
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

State File No. 2365
Local Reg. No. 162
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 239 West Lovejoy Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 239 West Lovejoy Street

3. NAME OF DECEASED (Type or Print)
a. (First): KATHERINE
b. (Middle): MAY
c. (Last): DIETRICH

4. DATE OF DEATH (Month) (Day) (Year): June 4 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: August 8, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home
11. BIRTHPLACE (State or foreign country): Acequia Idaho
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Scott Lovin — BIRTHPLACE: Morristown, Tenn.
14. MOTHER'S MAIDEN NAME: Nora Hastings — BIRTHPLACE: Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.: 519-14-9514
17. INFORMANT'S OWN SIGNATURE: Charles W Dietrich — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1527

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the ileum with generalized abdominal metastases.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION: 4/25/67
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of the ileum with generalized abdominal metastases
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/25/67, 19__, *to* June 4, 19 67, *that I last saw the deceased alive on* June 3, 19 67, *and that death occurred at* 1:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD
23b. ADDRESS: 1541 E. Clark St. Pocatello, Idaho
23c. DATE SIGNED: June 5, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 6, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Jack Henderson
LICENSE NO.: E - 349

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: HENDERSON FUNERAL HOME

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2366
Local Reg. No. 137
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN: Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residance

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03 b. COUNTY: Bannock
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 1018 North Harrison

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
MARK	GENE	RIDLEY	June 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never married	April 18, 1959	8				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	Grade school	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Donald Gene Ridley --	New Mexico	Anita Faye Ellett	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX	XXXX	Anita Ridley	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Leukemia	18 mos
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, *1966, to* June, *1967, that I last saw the deceased alive on* June, *1967, and that death occurred at* 9A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Donald B. Roberts, M.D	527 So 30th Ave, Pocatello	8 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 6, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 8 1967	Sally Kellogg	Conway Grant	E418

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 13 1967
JUN 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2367
Local Reg. No. 164
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1128 North Arthur

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): HAROLD 018
c. (Last): BURTON

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 1, 1892
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph G. Burton — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Sarah Ann Hill — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Sale D Burton — ADDRESS: Omaha, Neb.

18. CAUSE OF DEATH 451X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Severe Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured abdominal aneurysm. — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): None
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1967, *to* 6-5, 1967, *that I last saw the deceased alive on* 6-5, 1967, *and that death occurred at* 405 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): H. R. Dahl 493 M.D.
23b. ADDRESS: Medical Terrace
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 7, 1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem. Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUN 14 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2368
Local Reg. No. 171
Reg. Dist. No. 511

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 030 4-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Downey
c. LENGTH OF STAY (in this place) 5 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 210
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin
d. STREET ADDRESS (If rural, give location) None

3. NAME OF DECEASED (Type or Print)
a. (First) Oussie
b. (Middle)
c. (Last) Lowe

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 11, 1886
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Milk Hauler 84
10b. KIND OF BUSINESS OR INDUSTRY Sego Milk Co.
11. BIRTHPLACE (State or foreign country) Franklin, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James G. Lowe
BIRTHPLACE Jessup, Pennsylvania
14. MOTHER'S MAIDEN NAME Elizabeth Kingsford
BIRTHPLACE Franklin, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 09 3755
17. INFORMANT'S OWN SIGNATURE Sylvena K Lowe
ADDRESS Franklin, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1965, *to* June, 1967, *that I last saw the deceased alive on* 5 June, 1967 *and that death occurred at* 2:55 P *m., from the causes and on the date stated above.*

23a. SIGNATURE Bob Burke 070 (Degree or title)
23b. ADDRESS Downey Idaho
23c. DATE SIGNED 6 8 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 8, 1967
24c. NAME OF CEMETERY OR CREMATORY Franklin Cemetery
24d. LOCATION (City, town, or county) (State) Franklin, Idaho

DATE REC'D BY LOCAL REG. June 8-1967
REGISTRAR'S SIGNATURE Orissa Salvesen
25. EMBALMER Douglas S. Webb
Webb Funeral Home
LICENSE NO. 488
FIRM NAME: Douglas S Webb

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 10 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 1 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2369
Local Reg. No. 158
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUN 12 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1245 East Clark

3. NAME OF DECEASED (Type or Print): a. (First) PHEOBE b. (Middle) ELLEN 294 c. (Last) DERRICOTT

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Aug. 4, 1882
9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Paris, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frederick Sleight — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Electa A. Kelsey — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): NO (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Fred Derricott — ADDRESS: Pocatello

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pulmonary emphysema — Years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 12, 1966, *to* June 6, 1967, *that I last saw the deceased alive on* June 6, 1967, *and that death occurred at* 10:15 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Sydney A. Horrocks MD 733
23b. ADDRESS: Center Plaza, Pocatello, Idaho
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Liberty Cemetery
24d. LOCATION (City, town, or county) (State): Liberty, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Sally Ledlow
25. EMBALMER: Conway Hunt
LICENSE NO.: E418
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2370
Local Reg. No. 165
Reg. Dist. No. 511

BIRTH NO. 031

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Pocatello 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Wyoming 58 b. COUNTY: Uinta
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fort Bridger

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital
d. STREET ADDRESS (If rural, give location): - -

3. NAME OF DECEASED (Type or Print): a. (First) MARY b. (Middle) ERICKSON 018 c. (Last) DAHLQUIST

4. DATE OF DEATH: (Month) (Day) (Year) June 6, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Dec. 14, 1874

9. AGE (In years last birthday): 92 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home 01

11. BIRTHPLACE (State or foreign country): Sweden

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hans Erickson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Christina Hendrickson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Henry A. Dahlquist — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION 3317

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: approx 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis — many years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 6, 1967, *to* June 6, 1967, *that I last saw the deceased alive on* June 6, 1967, *and that death occurred at* 9:15 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Comstock, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: June 12, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-10-67
24c. NAME OF CEMETERY OR CREMATORY: Fort Bridger Cem.
24d. LOCATION (City, town, or county) (State): Fort Bridger, Wyo.

DATE REC'D BY LOCAL REG.: 6-14-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: John P. Thomas
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 10 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

APR 12 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Rush & Boe

Certificate of Death

RECEIVED JUN 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2371
Local Reg. No. 160
Reg. Dist. No. 511

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 031 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Inkom
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): STEPHANIE
b. (Middle):
c. (Last): STALEY

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: June 7, 1967
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours 5 / Min. 50

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: xxxx
11. BIRTHPLACE (State or foreign country): Pocatello, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Steven Reed Staley
BIRTHPLACE: Pocatello
14. MOTHER'S MAIDEN NAME: Etta Jeane Gilbert
BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.: XXXX
17. INFORMANT'S OWN SIGNATURE: X Mrs DeMar Gilbert
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): ~~premature~~ subarachnoid hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): respiratory distress
DUE TO (c): prematurity

INTERVAL BETWEEN ONSET AND DEATH: since birth

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 7, 1967, *to* June 7, 1967, *that I last saw the deceased alive on* June 7, 1967, *and that death occurred at* 7 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 671 Roger W. Boe MD
23b. ADDRESS: 527 S. 12
23c. DATE SIGNED: 6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Inkom Cemetery
24d. LOCATION (City, town, or county) (State): Inkom, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

b-67-5227

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended June 23, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2372
Local Reg. No. 159
Reg. Dist. No. 510

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 800
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 342 - So. 9th 007

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 342 So. 9th

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) L. c. (Last) Bean

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2

8. DATE OF BIRTH: Oct. 29, 1903

9. AGE (In years last birthday): 63 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Manager 22

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Co.

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. B. Bean — BIRTHPLACE: Mass.

14. MOTHER'S MAIDEN NAME: Mary Lynch — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No ----

16. SOCIAL SECURITY NO.: 519-09-9899

17. INFORMANT'S OWN SIGNATURE: Anne Bean — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Muscular Dystrophy — INTERVAL BETWEEN ONSET AND DEATH: March 1960

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — Dec 9, 1960
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1960

19b. MAJOR FINDINGS OF OPERATION: Biopsy Muscle, Salt Lake City, consistent with dystrophy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19____, *to* June 7, 19 67, *that I last saw the deceased alive on* May 4, 19 67, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard, M.D. 248

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-9-67

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: John P. Grosmer

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

6-21-67

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. 67-

County of Bannock Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for James L. Bean (Name on Original Certificate) who died (Was Born or Died) on June 7, 1967 (Date of Event)

in Pocatello (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Item 19a	1957	1960

Subscribed and sworn to before me this 22 day of June, 1967

Rolly Thompson

Notary Public, residing at POCATELLO, IDAHO

My commission expires 1-23-71

(Seal)

X Signed R. P. Howard M.D.

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Pocatello, Idaho

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO } ss.

County of BANNOCK

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 22 day of June, 1967

Rolly Thompson

Notary Public, residing at POCATELLO, IDAHO

My commission expires 1-23-71

(Seal)

X Signed Phyllis Cranor R.N.

(Signature of Any Credible Person)

Pocatello, Idaho

(Street Address, City, State)

FORM DH 60-155

6-21-67

RECEIVED

JUN 23 1967

Bureau of Vital Statistics

Affidavit or Correct or Amend Any Original Certificate of Date of Death

Idaho

67-

Bannock

Death

James L. Bean died June 7, 1967

Pocatello

Item 19a 1957 1960

Pocatello, Idaho

SUPPORTING AFFIDAVIT OF A SECOND THREAT

Pocatello, Idaho

Amended June 20, 1967

Certificate of Death

STATE OF IDAHO

State File No.
Local Reg. No. 159
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 342 So. 9th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 342 So. 9th

3. NAME OF DECEASED (Type or Print): a. (First) James; b. (Middle) L.; c. (Last) Bean

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: Oct. 29, 1903

9. AGE (In years last birthday): 63
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Manager

10b. KIND OF BUSINESS OR INDUSTRY: Sheet Metal Co.

11. BIRTHPLACE (State or foreign country): Idaho

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: A. B. Bean
BIRTHPLACE: Mass.

14. MOTHER'S MAIDEN NAME: Mary Lynch
BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-09-9899

17. INFORMANT'S OWN SIGNATURE: Anne Bean
ADDRESS: Pocatello, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Muscular Dystrophy — INTERVAL BETWEEN ONSET AND DEATH: March 1960

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes — Dec 9, 1960
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1957

19b. MAJOR FINDINGS OF OPERATION: Biopsy Muscle, Salt Lake City, consistent with dystrophy

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19___, *to* June 7, 19 67, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard, M.D.

23b. ADDRESS: Pocatello

23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6-9-67

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.

24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: John P. Grosmer

LICENSE NO.: E-292

FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

STATE OF IDAHO
DEPARTMENT OF PUBLIC HEALTH—BUREAU OF VITAL STATISTICS

RECEIVED
JUN 19 1967
Bureau of Vital Statistics

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No.
County of Bannock } Date Filed

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)
for James L. Bean (Name on Original Certificate) who Died (Was Born or Died) on June 7, 1967 (Date of Event)
in Pocatello, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by more complete medical records (Bible Record, Insurance Policy, Etc.) prepared on Office records going back to 1950 (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Onset of Diabetes	10 years	Dec 9, 1960
Onset of Musc. Dystrophy	10 years	March 1960

Subscribed and sworn to before me this 16th day of June 1967
June, 1967
John P. Grom
Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1968
(Seal)

Signed Richard P. Howard M.D.
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)
Spaulding Bldg. Pocatello, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss.
County of Bannock }

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June, 1967
John P. Grom
Notary Public, residing at Pocatello, Idaho
My commission expires June 20, 1968
(Seal)

Signed Kent L. Patterson
(Signature of Any Credible Person)
725 W. Halliday Pocatello, Idaho
(Street Address, City, State)

STATE OF IDAHO

DEPARTMENT OF PUBLIC HEALTH, BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of Idaho } ss. Certificate No. .....

County of Bannock } Date Filed .....

The undersigned does solemnly swear that certain facts on the certificate of ..... (Birth or Death)

for ..... (Name on Original Certificate) who ..... (Was Born or Died) on ..... (Date of Event)

in ..... (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (City Date) are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
[illegible]	[illegible]	[illegible]
[illegible]	[illegible]	[illegible]

Subscribed and sworn to before me this 16th day of June 1967

Signed [illegible]

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1967 (Seal)

S. Balding Bldg. Pocatello, Idaho (Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho } ss. [This Affidavit MUST Also be Executed. (See Chapter 138, 1957 Idaho Session Laws.)]

County of Bannock }

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 16th day of June 1967

Signed [illegible] (Signature of Any Credible Person)

Notary Public, residing at Pocatello, Idaho

My commission expires June 20, 1967 (Seal)

[illegible] (Street Address, City, State)

State File No.
Local Reg. No. 159
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 342 So. 9th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 342 So. 9th

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): L.
c. (Last): BEAN

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 29, 1903
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Owner-Manager
10b. KIND OF BUSINESS OR INDUSTRY: Sheet metal co.
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: A. B. Bean — BIRTHPLACE: Mass.
14. MOTHER'S MAIDEN NAME: Mary Lynch — BIRTHPLACE: Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-09-9899
17. INFORMANT'S OWN SIGNATURE: Anne Bean — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic muscular Dystrophy — INTERVAL BETWEEN ONSET AND DEATH: 10 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetes ? — 10 years
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 1957
19b. MAJOR FINDINGS OF OPERATION: Biopsy muscle Salt Lake City consistent with dystrophy
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1950, 19__, *to* June 7, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 5 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R. P. Howard MD
23b. ADDRESS: Pocatello
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: John P. Gorman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 23 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2373
Local Reg. No. 173
Reg. Dist. No. 510

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 544 Jensen

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): IRA
c. (Last): CLEVELAND

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 31, 1895
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Carman 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Lawrence, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Charles Edgar Cleveland — BIRTHPLACE: Miss.
14. MOTHER'S MAIDEN NAME: Lora Ann Theyer — BIRTHPLACE: N.Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): World War I 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Claudel Cleveland — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mitral Stenosis — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1962, 19 7 Jan 1967, 19 ___, *that I last saw the deceased alive on* 24 Mar 1967, *and that death occurred at* 8 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 401 Clark Sanky M1
23b. ADDRESS: 343 W Lewis Pocatello Ida
23c. DATE SIGNED: 15 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun. 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 6-19-67
REGISTRAR'S SIGNATURE: Lolly Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2374
Local Reg. No. 166
Reg. Dist. No. 511

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello 600
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fort Hall
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
FLOSSIE	IRENE	PETERSEN	June 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 12, 1908	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Floorlady 06	National Laundry	Kanosh, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Alexander Greener	England	Charles Etta Ingram	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXXX		Joe Bay Petersen	Pocatello

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

410 8

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inanition & electrolite imbalance — INTERVAL BETWEEN ONSET AND DEATH: 2-1/2 mo.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Generalized arteriosclerosis with cerebral arteriosclerosis & cerebral infarction with secondary right hemiplegia — 2-1/2 mo.

DUE TO (c): Rheumatic & arteriosclerotic heart disease with mitral stenosis & aortic stenosis — Sev. yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 9, 1966, *to* June 8, 1967, *that I last saw the deceased alive on* June 8, 1967, *and that death occurred at* 12:40a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
J. E. Comstock, M.D.	Box 852, Pocatello, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jun.12,1967	Declo Cemetery	Declo, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 14 1967	Sally Kellogg	Conway Hunt	E-478

FIRM NAME Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2375
Local Reg. No. 167
Reg. Dist. No. 510

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place): 4-04 hrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony Community Hosp.
d. STREET ADDRESS (If rural, give location): 64 Colgate

3. NAME OF DECEASED (Type or Print): a. (First) GLADYS b. (Middle) B. 019 c. (Last) GILES

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Aug. 27, 1891
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months / Days | IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesclerk 25
10b. KIND OF BUSINESS OR INDUSTRY: Retail Store
11. BIRTHPLACE (State or foreign country): Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Fred Buckingham — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Lucinda Leaf — BIRTHPLACE: Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 519-26-4039
17. INFORMANT'S OWN SIGNATURE: Florence Freeman — ADDRESS: Pocatello, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA, massive mid-brain — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 2 years
DUE TO (c) Gen. arteriosclerosis — 2 years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6.4, 1967, *to* 6.10, 1967, *that I last saw the deceased alive on* 6.10.67, 19____, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John R. McMillan M.D. (Degree or title)
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-13-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: John R Gorman
LICENSE NO.: E-292

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 29 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 24 1990

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Staheli

RECEIVED JUN 23 1967 Bureau of Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2376
Local Reg. No. 174
Reg. Dist. No. 5-10

BIRTH NO.

1. PLACE OF DEATH 031 000
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Residence

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 980 Brennan

3. NAME OF DECEASED (Type or Print)
a. (First): EZRA
b. (Middle): EUGENE
c. (Last): GERTSCH

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 1, 1912
9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Conductor 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Sharon, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Gertsch — BIRTHPLACE: Switzerland
14. MOTHER'S MAIDEN NAME: Amy Smith — BIRTHPLACE: Sharon, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Lucile Gertsch — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1538

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hepatic insufficiency — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic adenocarcinoma of colon with spread to liver
DUE TO (c) Adenocarcinoma of colon

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 3/10/66
19b. MAJOR FINDINGS OF OPERATION: Metastatic adenocarcinoma of colon with spread to liver
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/15/, 1966, *to* 6/10/, 1967, *that I last saw the deceased alive on* 6/6/, 1967, *and that death occurred at* 9:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: H.K. Staheli 493 (Degree or title): H.K.Staheli, M.D.
23b. ADDRESS: 246 N. 18, Box 4208 Pocatello, Idaho
23c. DATE SIGNED: 6/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun.13,1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Mem.Gardens
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 6-20-67
REGISTRAR'S SIGNATURE: Lolly Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Manning Funeral Chapel

JUN 2 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2377
Local Reg. No. 192
Reg. Dist. No. 511

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bannock 031
b. CITY OR TOWN Pocatello
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION Hillcrest Nursin Home 294

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN Grace
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last)
Lydia Adelia Bybee Hawker

4. DATE OF DEATH (Month) (Day) (Year)
June 11, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Nov. 21, 1884
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: William M. Bybee
BIRTHPLACE: West Weber, Utah
14. MOTHER'S MAIDEN NAME: Lucinda Beckstead
BIRTHPLACE: South Hordan, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-2007
17. INFORMANT'S OWN SIGNATURE: x Wm B Hawker
ADDRESS: Grace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Cardiovascular Disease — 2 yrs

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* June, 1967, *that I last saw the deceased alive on* June 10, 1967, *and that death occurred at* 2 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Emerson 158 (Degree or title) MD
23b. ADDRESS: 322 Yellow Pocatello
23c. DATE SIGNED: 7-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/67
24c. NAME OF CEMETERY OR CREMATORY: Fairview Cemetery
24d. LOCATION (City, town, or county) (State): Soda Springs, Idaho

DATE REC'D BY LOCAL REG. JUL 19 1967
REGISTRAR'S SIGNATURE: Lucy Keeney
25. EMBALMER: Theodore Allen
LICENSE NO. E370

FIRM NAME: Allen Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-69021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 0 1 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2378
Local Reg. No. 168
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY: Bannock 000
b. CITY OR TOWN (If outside corporate limits, write [illegible] township): Pocatello
c. [illegible] OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Nursing Home 299

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 492 Wayne

3. NAME OF DECEASED (Type or Print)
a. (First): (AKA) LEE
b. (Middle): J.
c. (Last): ANDRUS

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 2
8. DATE OF BIRTH: July 22, 1906
9. AGE (In years last birthday): 60 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Switchman 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Ora, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph B. Andrus — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Maude Gee — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Lila Andrus — ADDRESS: Pocatello

18. CAUSE OF DEATH 352X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Paralysis Lower Body - Cause Unknown — INTERVAL BETWEEN ONSET AND DEATH: 1 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) with Severe - decubiti, cellulitis; infection, terminal cardio — 6 months.
DUE TO (c) Renal - Pulmonary Failure —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 May, 1967, *to* 6-11-, 1967, *that I last saw the deceased alive on* 6-7-, 1967, *and that death occurred at* 8P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): David C. Miller MD
23b. ADDRESS: Pocatello Idaho
23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun.15,1967
24c. NAME OF CEMETERY OR CREMATORY: Ashton Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Idaho

DATE REC'D BY LOCAL REG.: JUN 14 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 19 1967

DEC 16 1980

JUN 22 1982

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signature of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2379
Local Reg. No. 175
Reg. Dist. No. 570

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 3-17
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (In this place): 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 558 So. Garfield

3. NAME OF DECEASED (Type or Print): a. (First) ANONA b. (Middle) 018 c. (Last) DEAN

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4
8. DATE OF BIRTH: April 9,1906
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 06
10b. KIND OF BUSINESS OR INDUSTRY: Resturant
11. BIRTHPLACE (State or foreign country): Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alma Josephson — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Ella Hudson — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-18-6284
17. INFORMANT'S OWN SIGNATURE: Ted Tabler — ADDRESS: Idaho Falls, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1804

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastic carcinoma of the kidney — INTERVAL BETWEEN ONSET AND DEATH: Sev. Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adenocarcinoma of the kidney — Sev. Months
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: Jan 1967
19b. MAJOR FINDINGS OF OPERATION: Adenocarcinoma, left kidney, found in surgery in Jan. 1967
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 1, 1967, *to* June 12, 1967, *that I last saw the deceased alive on* June 12, 1967, *and that death occurred at* 4:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. E. Comstock, M.D.
23b. ADDRESS: Box 852, Pocatello, Idaho
23c. DATE SIGNED: June 15, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-15-67
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cem.
24d. LOCATION (City, town, or county) (State): Pocatello, Idaho

DATE REC'D BY LOCAL REG.: 6-19-67
REGISTRAR'S SIGNATURE: Sally Keeley
25. EMBALMER: John P. Lemmon
LICENSE NO.: E-292
FIRM NAME: Downard Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2380
Local Reg. No. 114
Reg. Dist. No. 51

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY: Bannock 021 — JUN 23 1967 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello — c. LENGTH OF STAY (In this place): 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: Idaho 150 — b. COUNTY: Caribou — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs, Idaho

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Nursing Home — d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) — a. (First) — b. (Middle) — c. (Last): Rose Mary Rosen Bolton

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	July 10, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Franklin, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred E. Rosen	Switzerland	Rosina Marie Hoffman	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	528-40-4482	Robert W. Bolton	Soda Springs, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardio-Vascular — INTERVAL BETWEEN ONSET AND DEATH: Yrs —

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arterio-cardio-Renal failure — 1 wk —

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-4-, 1967, *to* 6-13-, 1967, *that I last saw the deceased alive on* 6-11-, 1967, *and that death occurred at* 3 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
David C. Miller, M.D.	Pocatello, Idaho	6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/17/67	Fairview Cemetery	Soda Springs, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-67	Darcy Kellogg	Theodore Allen	#E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2381
Local Reg. No. 777
Reg. Dist. No. 511

BIRTH NO. 02

RECEIVED
JUN 23 1967
Bureau of

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 030
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lava Hot Springs
d. STREET ADDRESS (If rural, give location): P.O. Box 51

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	KEVIN	LYLE 018	SOUTHAM	June 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Male	White	Never married	June 13, 1967			1

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Infant 02	xxxxx	Pocatello, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grant Lyle Southam	Vernal, Utah	Polly Anna Southam,	Cedar City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	xxxx	xxxxx	Lyle Southam	Lava Hot Springs

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7730

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Respiratory distress syndrome due to

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 13, 1967, *to* June 14, 1967, *that I last saw the deceased alive on* June 14, 1967, *and that death occurred at* 8:40 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Raymond Lee MD	5275 12th	6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 17, 1967	Vernal Cemetery	Vernal, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-67	Darcy Kellogg	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: 0-67-5242 JUN 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2382
Local Reg. No. 179
Reg. Dist. No. 510

RECEIVED
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock 031
JUL 18 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (In this place): 080
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Bannock Nursing Home

3. NAME OF DECEASED (Type or Print): a. (First) ERNEST b. (Middle) A. 018 c. (Last) COLLETT

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: January 2, 1874

9. AGE (In years last birthday): 93 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Baker - Cook 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Cerro Gardo, Illinois

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Adopted by (No data) BIRTHPLACE: Dr. Theordore A. Collett

14. MOTHER'S MAIDEN NAME: (No data) BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ******

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Earl W. Spahr ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Arteriosclerotic heart disease. 260 X

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Diabetis melitis.
DUE TO (c): Acidosis.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* June 14, 19 67, *that I last saw the deceased alive on* June 14, 19 67, *and that death occurred at* 3:40 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard E. Ostler M.D.

23b. ADDRESS: Pocatello, Idaho

23c. DATE SIGNED: June 17, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 17, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery

24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 7-10-67

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: James Henderson LICENSE NO.: E-349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2383
Local Reg. No. 178
Reg. Dist. No. 511

BIRTH NO. Bannock 03

RECEIVED JUN 23 1967 Bureau of Vit. Stat.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Iowa
b. COUNTY: Clinton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clinton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Eliza b. (Middle) Hannah c. (Last) Carpenter

4. DATE OF DEATH: (Month) June (Day) 14 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed	July 25 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clinton Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Peter Francis Golden — BIRTHPLACE: Clinton
14. MOTHER'S MAIDEN NAME: Ida Cornelia Burlingame — BIRTHPLACE: Clinton

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Ruth C. Worstell — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiovascular Disease — INTERVAL BETWEEN ONSET AND DEATH: 10 Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐:
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-15, 1967, *to* 6-14, 1967, *that I last saw the deceased alive on* 6-14, 1967, *and that death occurred at* 6:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 158 (Degree or title)
23b. ADDRESS: 322 Jefferson, Pocatello Ida
23c. DATE SIGNED: 6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE:
24c. NAME OF CEMETERY OR CREMATORY: Springdale
24d. LOCATION (City, town, or county) (State): Clinton Iowa

DATE REC'D BY LOCAL REG.: 6-16-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: [signature]
LICENSE NO.: E418
FIRM NAME:

Federal Security Agency
United States Public Health Service
Form DH-69021

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2384
Local Reg. No. 178
Reg. Dist. No. 54

RECEIVED JUL 18 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): None

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	William	James	Gibbons	June. 15 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Jan. 22 1887	80 yrs				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sheepherder 06	Agriculture	Preston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William A. Gibbons	Preston, Ida.	Roseina Mary Gibbons	Preston, Ida.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			X Albert Gibbons	Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastroenteritis Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19 60 *to* June 15, 19 67, *that I last saw the deceased alive on* June 15, 19 67 *and that death occurred at* 5:15 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Emily Ross Dunn	Downey Id	6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 19, 1967	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-1967	Orissa Halvesen	Douglas S. Webb	488

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. APR 16 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased. JUL 21 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2385
Local Reg. No. 179
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO. 67-B129

RECEIVED JUN 23 1967 Bureau of Vital

1. PLACE OF DEATH
a. COUNTY: Bannock 031
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 527 So. 12th

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 031
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 949 Patsy Drive

3. NAME OF DECEASED (Type or Print)
a. (First): GARY
b. (Middle): DARYL
c. (Last): PARK

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: April 4, 1967
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 2, Days 11 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John S. Park — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Maxine Rogers — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: - -
17. INFORMANT'S OWN SIGNATURE: John S. Park — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congenital Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: ?

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypoplasia, rt. Ventricle
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

7545

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ——, 19__, *to* ——, 19__, *that I ~~last~~ saw the deceased* ~~alive~~ *on* 6-15, 1967, *and that death occurred at* 9:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Curtis H. John 583 (Degree or title): Coroner 4
23b. ADDRESS: Bannock Co. Idaho
23c. DATE SIGNED: 6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-19-67
24c. NAME OF CEMETERY OR CREMATORY: Shelley Cem.
24d. LOCATION (City, town, or county) (State): Shelley, Idaho

DATE REC'D BY LOCAL REG.: 6-16-67
REGISTRAR'S SIGNATURE: Kelly Kellogg
25. EMBALMER: John P. Gorman — LICENSE NO. E-292

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Downard Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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b-67-3129

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, 801 SE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2386
Local Reg. No. 180
Reg. Dist. No. 5-10

RECEIVED
JUL 18 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bannock 03 1000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): Whitman Hotel

3. NAME OF DECEASED (Type or Print): a. (First) URBAN b. (Middle) Joe 018 c. (Last) SMITH

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Not unknown 07

8. DATE OF BIRTH: May 15, 1900

9. AGE (In years last birthday): 67 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): No data 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Milwaukee, Wisconsin

12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No data — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: No data — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): W.W. I & W. W. II

16. SOCIAL SECURITY NO.: 550-20-2868

17. INFORMANT'S OWN SIGNATURE: Personal records — ADDRESS:

18. CAUSE OF DEATH 904.5

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Fractured Skull — INTERVAL BETWEEN ONSET AND DEATH: 5 Days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 300 Blk. N. Main St. 04

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Pocatello 03 Bannock Idaho

21d. TIME OF INJURY (Month) June (Day) 14 (Year) 1967 (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Unknown - found on sidewalk, taken to Hospital by Police

22. *I hereby certify that I attended the deceased from* [illegible], *that I last saw the deceased alive on* June 19, 19 67 *and that death occurred at* 7:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Burton A. Cox — **23b. ADDRESS**: Bannock County Coroner, Pocatello, Idaho — **23c. DATE SIGNED**: June 24, 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 27, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Mountainview Cemetery — **24d. LOCATION** (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 7-10-67 — **REGISTRAR'S SIGNATURE**: Lucy Kelley

25. EMBALMER: Jack Henderson — **LICENSE NO.**: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 19 1967

JUL 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to obtain the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2387
Local Reg. No. 177
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bannock Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 428 West Fremont Street

3. NAME OF DECEASED (Type or Print)
a. (First): GERTRUDE
b. (Middle): M. 018
c. (Last): MOLINELLI

4. DATE OF DEATH: June 19 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 1, 1884
9. AGE (In years last birthday): 83 (If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.)

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: At Home

11. BIRTHPLACE (State or foreign country): Leadville Colorado
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: No data
BIRTHPLACE

14. MOTHER'S MAIDEN NAME: Susie Martin
BIRTHPLACE: no data

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *****
16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: Lambert F Molinelli
ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Acute myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1960, *19*____, *to* June 19, *19* 67, *that I last saw the deceased alive on* June 19, *19* 67, *and that death occurred at* 4:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 247 R Henderson MD
23b. ADDRESS: Pocatello, Idaho
23c. DATE SIGNED: June 21, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello Idaho

DATE REC'D BY LOCAL REG.: 6-30-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: Jas Henderson
LICENSE NO.: E - 349

FIRM NAME: HENDERSON FUNERAL HOME

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2388
Local Reg. No. 173
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 021
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Anthony Hospital 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 1355 North Garfield

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SAMUEL		COX	June 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 DAY: Hours / Min.
Male	White	Married 3	Nov. 30, 1871	95		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Court Baillif and 10	U.P.R.R.	Birmingham, England	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas L. Cox		Hannah Harris	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	XXXX		Fred Cox	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: months

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) — months

DUE TO (c) — months

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerotic Heart Disease — months

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
		Pocatello Bannock Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 8, 1967 *to* June 23, 1967, *that I last saw the deceased alive on* June 23, 1967 *and that death occurred at* A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
248 R.P. Howard MD	Pocatello	6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	Jun. 26, 1967	Mountainview Cemetery	Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
JUN 29 1967	Sally Kellogg	Conway Grant	E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 19 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2389
Local Reg. No. 172
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 031 000

a. COUNTY: Bsnnock

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

c. LENGTH OF STAY (in this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hillcrest Haven Rest Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 031

b. COUNTY: Bannock

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello

d. STREET ADDRESS (If rural, give location): 344 So. 12th Ave.

3. NAME OF DECEASED (Type or Print)

a. (First): ELIZABETH

b. (Middle): 294

c. (Last): AYRES

4. DATE OF DEATH (Month) June (Day) 23 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 28, 1877

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Brooklyn, New York

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Richard Elliott — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Fannie Mudge — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Mrs Carl Jones — ADDRESS: Cano City Colo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 10 MIN

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* SEVERE FRACTURE, LEFT HIP 29 DECEMBER 1966

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8/30, 1963, *to* 6/23, 1967, *that I last saw the deceased alive on* 6/7, 1967, *and that death occurred at* 2:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE W. R. Hearne 220 (Degree or title): W. R. HEARNE, MD

23b. ADDRESS: POCATELLO, IDAHO

23c. DATE SIGNED: 24 JUNE 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 2

24b. DATE: 26 Jun 1967

24c. NAME OF CEMETERY OR CREMATORY: Monument

24d. LOCATION (City, town, or county) (State): Monument Colorado

DATE REC'D BY LOCAL REG.: 6-27-67

REGISTRAR'S SIGNATURE: Sally Kellogg

25. EMBALMER: George W. Knoth — LICENSE NO. 409

FIRM NAME: ~~[illegible]~~--Downard Funeral Hm

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

FEB 19 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2390
Local Reg. No. 178
Reg. Dist. No. 510

Certificate of Death

STATE OF IDAHO

BIRTH NO. 66-7474 030

RECEIVED JUL 10 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 030
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Virginia
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): BERDINE
b. (Middle):
c. (Last): REISNER

4. DATE OF DEATH (Month) (Day) (Year): June 23, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married
8. DATE OF BIRTH: Aug. 31, 1966
9. AGE (In years last birthday): IF UNDER 1 YEAR Months 9 Days 23; IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY: XXXXX
11. BIRTHPLACE (State or foreign country): Downey, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Norman L. Risner
BIRTHPLACE: Pocatello, Ida
14. MOTHER'S MAIDEN NAME: Barbara Gunter
BIRTHPLACE: Arimo, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXX
16. SOCIAL SECURITY NO.: XXX
17. INFORMANT'S OWN SIGNATURE: Norman L Reisner
ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9190

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accident (22) Bullet Wound Head
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01
21c. (CITY, TOWN, OR TOWNSHIP) 030 **(COUNTY)** Arimo Bannock **(STATE)** Id

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 23 67 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Accident (22) Bullet

22. *I hereby certify that I attended the deceased from* Aug, 1966, *to* June 23, 1967, *that I last saw the deceased alive on* June 23, 1967, *and that death occurred at* 12:16 P m., *from the causes and on the date stated above.*

23a. SIGNATURE 070 (Degree or title): Eloy Burkhart
23b. ADDRESS: Downey, Idaho
23c. DATE SIGNED: 6/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Arimo Cemetery
24d. LOCATION (City, town, or county) (State): Arimo, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 7-3-67
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

...uneral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should ...answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

.....

.....

Informant. F
be

Certificate of Death

STATE OF IDAHO

State File No. 2391
Local Reg. No. 174
Reg. Dist. No. 510

BIRTH NO. 031

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Residence 032

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 912 Wilson

3. NAME OF DECEASED (Type or Print): a. (First) ERIC; b. (Middle) HOLBROOK; c. (Last) SORENSEN

4. DATE OF DEATH: (Month) June (Day) 24, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: May 4, 1964

9. AGE (In years last birthday): 3 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child 02

10b. KIND OF BUSINESS OR INDUSTRY: XXXX

11. BIRTHPLACE (State or foreign country): Pocatello, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Darrell Sorensen — BIRTHPLACE: Downey, Ida.

14. MOTHER'S MAIDEN NAME: Kay Holbrook — BIRTHPLACE: Afton, Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXX

16. SOCIAL SECURITY NO.: XXX

17. INFORMANT'S OWN SIGNATURE: J. DeSorensen — ADDRESS: Pocatello, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Wilms Tumor — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 67

19b. MAJOR FINDINGS OF OPERATION: Massive Wilms Tumor.

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) Pocatello, (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1967, *to* June, 1967, *that I last saw the deceased alive on* 19 June, 1967, *and that death occurred at* 11:20 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 350 Donald B. Wolcott M.D.

23b. ADDRESS: 627 So 12th Ave.

23c. DATE SIGNED: 29 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Jun. 27, 1967

24c. NAME OF CEMETERY OR CREMATORY: Etna Cemetery

24d. LOCATION (City, town, or county) (State): Etna, Wyoming

DATE REC'D BY LOCAL REG. JUN 29 1967

REGISTRAR'S SIGNATURE: Darcy Kellogg

25. EMBALMER: Conway Grant — LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 36-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2392
Local Reg. No. 175
Reg. Dist. No. 510

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics Bureau

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN: Pocatello
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: St. Anthony 019

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 03
b. COUNTY: Bannock
c. CITY OR TOWN: Pocatello
d. STREET ADDRESS (If rural, give location): 354 North Seventh Avenue

3. NAME OF DECEASED (Type or Print): a. (First) THOMAS b. (Middle) ALVIN c. (Last) BROWNLEE

4. DATE OF DEATH: (Month) (Day) (Year) June 25, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 14, 1905
9. AGE (In years last birthday): 62 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Engineer 10
10b. KIND OF BUSINESS OR INDUSTRY: U.P.R.R.
11. BIRTHPLACE (State or foreign country): Berthoud, Colorado
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Edgar Dallas Brownlee
BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Alma Sargent
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Mrs. Lenna Brownlee
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1577 Carcinoma of Pancreas with Metastases
INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Dec 1966, 19__, to 6-25-67 19__, that I last saw the deceased alive on 6-25, 1967, and that death occurred at 1 P m., from the causes and on the date stated above.

23a. SIGNATURE: [signature] MD (Degree or title)
23b. ADDRESS: [illegible]
23c. DATE SIGNED: 6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jun. 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mountainview Cemetery
24d. LOCATION (City, town, or county) (State): Pocatello, Bannock, Idaho

DATE REC'D BY LOCAL REG.: JUN 29 1967
REGISTRAR'S SIGNATURE: Sally Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2393
Local Reg. No. 776
Reg. Dist. No. 511

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. LENGTH OF STAY IN (this place) 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Anthony's Hospital 014

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) 26 North Main

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Davis c. (Last) Green

4. DATE OF DEATH (Month) (Day) (Year) June 26, 1967

5. SEX male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 17, 1892
9. AGE (In years last birthday) 74 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 84
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Kanesville, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME George Green - West Weber, Utah
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Charlotte Bartholomew - Slaterville, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no 2
(If yes, give war or dates of service) x x x
16. SOCIAL SECURITY NO. 518-42-5952
17. INFORMANT'S OWN SIGNATURE Carinda Green, ADDRESS Paul Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

610 X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 30 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatic Surgery — 72 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION June 23/67
19b. MAJOR FINDINGS OF OPERATION Benign Prostatic enlargement
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 12, 1967, to June 26, 1967, that I last saw the deceased alive on June 26, 1967, and that death occurred at 4:45 PM m., from the causes and on the date stated above.

23a. SIGNATURE 190 C. E. Green (Degree or title) M.D.
23b. ADDRESS 1505 E. Center
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/29/1967
24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery
24d. LOCATION (City, town, or county) (State) Paul, Idaho

DATE REC'D BY LOCAL REG. 6-30-67
REGISTRAR'S SIGNATURE Larry Lellogg
25. EMBALMER Retta S. Rayne
LICENSE NO. 61358
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2394
Local Reg. No. 181
Reg. Dist. No. 510

Certificate of Death

RECEIVED
JUL 18 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 031
a. COUNTY Bannock 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
c. STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bannock Memorial Hospital 018

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 254 Sorensen Street

3. NAME OF DECEASED (Type or Print) a. (First) CHRISTINE b. (Middle) c. (Last) SWIM

4. DATE OF DEATH (Month) June (Day) 27 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH September 22, 1950
9. AGE (In years last birthday) 16 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY High School
11. BIRTHPLACE (State or foreign country) Pocatello Idaho
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Donald H. Swim BIRTHPLACE
14. MOTHER'S MAIDEN NAME Bette Offner BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) *****
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE John C Messmore ADDRESS Pocatello, Idaho

18. CAUSE OF DEATH 8254
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cranial Cerebral Injury
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Aspiration pneumonia

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 6-26-67
19b. MAJOR FINDINGS OF OPERATION (a) Tracheotomy. (b) Gastric & Oral secretions & Blood
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) U. S. Highway 06
21c. (CITY, TOWN, OR TOWNSHIP) Pocatello 031 (COUNTY) Bannock (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 26 (Year) 1967 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Automobile Accident

22. *I hereby certify that I attended the deceased from* June 26, 19 67, *to* June 27, 19 67, *that I last saw the deceased alive on* June 27, 19 67, *and that death occurred at* 5:55 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Gilbert A. Bacon MD 016 (Degree or title)
23b. ADDRESS Pocatello, Idaho
23c. DATE SIGNED June 29, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 29, 1967
24c. NAME OF CEMETERY OR CREMATORY Mountainview Cemetery
24d. LOCATION (City, town, or county) Pocatello (State) Idaho

DATE REC'D BY LOCAL REG. 7-10-67
REGISTRAR'S SIGNATURE Daily Kellogg
25. EMBALMER Jack Henderson
LICENSE NO. E - 349

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: HENDERSON FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2395
Local Reg. No. 177
Reg. Dist. No. 511

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 030
a. COUNTY: Bannock
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Downey
c. LENGTH OF STAY (in this place): 020
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marsh Valley Hospital 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 030
b. COUNTY: Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McCammon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): OLIVER
b. (Middle): WILLIAM
c. (Last): HARRIS

4. DATE OF DEATH (Month) (Day) (Year): June 28, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 18, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer and Railroad
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Woodruff, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Joseph Harris 04
BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Elizabeth Green
BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Pearl E Harris
ADDRESS: McCammon, Idaho

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerose
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1951, *to* June 28, 1967, *that I last saw the deceased alive on* June 28 1967, *and that death occurred at* 6:15 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 070
23b. ADDRESS: Downey Id
23c. DATE SIGNED: 6.30.67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: McCammon Cemetery
24d. LOCATION (City, town, or county) (State): McCammon, Bannock, Idaho

DATE REC'D BY LOCAL REG.: 7-3-67
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: Conway Grant
LICENSE NO.: E 478
FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2396
Local Reg. No. 182
Reg. Dist. No. 510

BIRTH NO.

RECEIVED
JUL 18 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bannock 03
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
c. LENGTH OF STAY (Hospital or Institution): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bannock 03
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pocatello
d. STREET ADDRESS (If rural, give location): 508 West Carson

3. NAME OF DECEASED (Type or Print): a. (First) ANGUS b. (Middle) c. (Last) PETERSON

4. DATE OF DEATH: (Month) June (Day) 30, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 24, 1899
9. AGE (In years last birthday): 68 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Glenwood, Utah
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Soren C. Peterson — BIRTHPLACE: Danmark
14. MOTHER'S MAIDEN NAME: Emma Foster — BIRTHPLACE: Ephriam, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): XXXX
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Angus Jessy Peterson — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Drug intoxication, probable — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Drug ingestion, probable "Sominex" ingestion — unknown

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: None

19a. DATE OF OPERATION: None
19b. MAJOR FINDINGS OF OPERATION: None
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): probable
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): automobile
21c. (CITY, TOWN, OR TOWNSHIP): Pocatello 03 **(COUNTY)**: Bannock **(STATE)**: Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): unknown m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR?: self inflicted

22. *I hereby certify that I attended the deceased from* 1 July, 1967, to ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* — m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edward E. Fisher MD Pathologist
23b. ADDRESS: Bannock Memorial Hosp. Pocatello, Idaho 83201
23c. DATE SIGNED: 12 July 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 7/5/67
24c. NAME OF CEMETERY OR CREMATORY: Sutton Cemetery
24d. LOCATION (City, town, or county) (State): Archer Madison Idaho

DATE REC'D BY LOCAL REG.: 7-12-67
REGISTRAR'S SIGNATURE: Lucy Kellogg
25. EMBALMER: Conway Grant
LICENSE NO.: E478

FIRM NAME: Manning Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2397
Local Reg. No.
Reg. Dist. No. 55

Certificate of Death

RECEIVED JUN 19 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 040 Bear Lake 4-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 1 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 040 COUNTY Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Georgetown Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) 024 Clarence c. (Last) Bartschi

4. DATE OF DEATH (Month) (Day) (Year) June 18 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Jan 18, 1906
9. AGE (In years last birthday) 61 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee of Monsanto Chemical Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Norman Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frederick Bartschi 06 BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Catherine Erni BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-16-4505
17. INFORMANT'S OWN SIGNATURE Mrs John C Bartschi ADDRESS Georgetown Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute pulmonary edema

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH 13m

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Montpelier Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10 June 1967, *to* 10 Jan, 1967, *that I last saw the deceased alive on* 10 Jan, 1967, *and that death occurred at* 1:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE 1158 [signature] (Degree or title)
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 5-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Georgetown Cemetery
24d. LOCATION (City, town, or county) (State) Georgetown Idaho

DATE REC'D BY LOCAL REG. 6-16-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63022
FIRM NAME: Matthews Mortuary.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 26 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 8 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;

(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.

SEP 12 1969

(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;

FEB 18 1992

(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2398
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO. 040

1. PLACE OF DEATH
a. COUNTY Bear Lake 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At Towne Motel 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 44 Texas 555
b. COUNTY El Paso Co.
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) El Paso Texas
d. STREET ADDRESS (If rural, give location) 3329 Kirkcaldy St.

3. NAME OF DECEASED (Type or Print) a. (First) Jackson b. (Middle) Monroe c. (Last) Harris
4. DATE OF DEATH (Month) (Day) (Year) June 19 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 3, 1919
9. AGE (In years last birthday) 48 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Accountant for El Paso Gas Co.
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Prairie Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Alfred Lee Harris — BIRTHPLACE Ark
14. MOTHER'S MAIDEN NAME Anna May Quick — BIRTHPLACE Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 711-12-6821
17. INFORMANT'S OWN SIGNATURE Lucille A. Harris — ADDRESS 3329 Kirkcaldy St

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY ARTERY ARTERIOSCLEROSIS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* 458, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) G. A. Schopes MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE June 20 1967
24c. NAME OF CEMETERY OR CREMATORY Kistlawn Cemetery
24d. LOCATION (City, town, or county) (State) El Paso Texas

DATE REC'D BY LOCAL REG. 6-19-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortcinsky
25. EMBALMER Nile Matthews
LICENSE NO. E 359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Matthews

DUTIES:

JUN 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to
(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician: 18 & 22: This man was D.O.A. no history of past illness. Time of death & cause of death was obtained from the Deputy Coroner. Complete & satisfactory information

Certificate of Death

STATE OF IDAHO

State File No. 2399
Local Reg. No.
Reg. Dist. No. 552

BIRTH NO.

RECEIVED JUN 30 1967

1. PLACE OF DEATH
a. COUNTY Bear Lake 040
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
c. LENGTH OF STAY (in this place) 38 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bear Lake Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 040 Bear Lake
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Montpelier Idaho
d. STREET ADDRESS (If rural, give location) 922 Grant St.

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) N. c. (Last) Sunderland 024

4. DATE OF DEATH (Month) June (Day) 21 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Dec 16 1897
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator
10b. KIND OF BUSINESS OR INDUSTRY Rest Home
11. BIRTHPLACE (State or foreign country) Newark Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Frank N. Sunderland BIRTHPLACE Mt. Vernon Ohio
14. MOTHER'S MAIDEN NAME Flora May Randall BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) No
16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 518-38-5877A
17. INFORMANT'S OWN SIGNATURE Mrs Edith Sunderland ADDRESS Bynum Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 m

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10
DUE TO (c) Diabetes — 20 yr

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arterial insufficiency — 20 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Montpelier (COUNTY) Bear Lake (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19__ to 21 June, 1967 that I last saw the deceased alive on 21 June, 19 67, and that death occurred at 5 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [illegible] Schow MD
23b. ADDRESS Montpelier Idaho
23c. DATE SIGNED 6-25-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Montpelier Cemetery
24d. LOCATION (City, town, or county) Montpelier (State) Idaho

DATE REC'D BY LOCAL REG. 6-27-67
REGISTRAR'S SIGNATURE Mrs Ruby Gortsema
25. EMBALMER Mike Matthews
LICENSE NO. E359
FIRM NAME: Matthews Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 30 1967

JUL 17 1967

AUG 15 2014 X2

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2400
Local Reg. No. 20
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 050
a. COUNTY: Benewah 3-04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Maries
c. LENGTH OF STAY (in this place): 4 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Benewah Community Hospital, 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 05 California 555
b. COUNTY: Stanislaus
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Modesto
d. STREET ADDRESS (If rural, give location): 425 Empire Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Arlie
b. (Middle): J.
c. (Last): Rose

4. DATE OF DEATH (Month) (Day) (Year): June 6 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 8, 1896
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Ozark, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Louis Rose — BIRTHPLACE: Kansas
14. MOTHER'S MAIDEN NAME: Caroline Beck — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes 1 — (If yes, give war or dates of service): WWI 3
16. SOCIAL SECURITY NO.: 544-07-4740
17. INFORMANT'S OWN SIGNATURE: Arlie J. Rose Jr. — ADDRESS: Klamath Falls Ore

18. CAUSE OF DEATH 331X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 8 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 1967, *to* 6-6, 1967, *that I last saw the deceased alive on* 6-5, 1967, *and that death occurred at* 5 45 *m., from the causes and on the date stated above.*

23a. SIGNATURE 533 (Degree or title): W. D. Thurston MD
23b. ADDRESS: St. Maries Idaho
23c. DATE SIGNED: 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/6/1967
24c. NAME OF CEMETERY OR CREMATORY: Salas Brothers Mortuary
24d. LOCATION (City, town, or county) (State): Modesto, California

DATE REC'D BY LOCAL REG.: 6-8-67
REGISTRAR'S SIGNATURE: Wanda Dimico
25. EMBALMER: Gerald E. Browning
LICENSE NO.: E-411

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2401
Local Reg. No. 23
Reg. Dist. No. 130

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 050 Benewah 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 025 Benewah Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 050 Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 124 Sunset View

3. NAME OF DECEASED (Type or Print)
a. (First) William
b. (Middle) Henry
c. (Last) Sturman

4. DATE OF DEATH (Month) June (Day) 15 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 12, 1896
9. AGE (In years last birthday) 70 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles B. Sturman — BIRTHPLACE Minn.
14. MOTHER'S MAIDEN NAME Nora Rivette — BIRTHPLACE Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 517-01-6874
17. INFORMANT'S OWN SIGNATURE Edward Sturman — ADDRESS 124 Sunset View St. Maries Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the lung — INTERVAL BETWEEN ONSET AND DEATH 6 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* June 15, 1967, *that I last saw the deceased alive on* June 15, 1967, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE B. A. Rapp M.D. 428 (Degree or title)
23b. ADDRESS St. Maries, Idaho
23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 19, 1967
24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery
24d. LOCATION (City, town, or county) St. Maries (State) Idaho

DATE REC'D BY LOCAL REG. 6-26-67
REGISTRAR'S SIGNATURE Wanda Dimiso
25. EMBALMER Gerald Browning
LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2402
Local Reg. No. 22
Reg. Dist. No. 130

RECEIVED JUN 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Benewah 050 — 317
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
c. LENGTH OF STAY (in this place) 17 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Benewah Community Hospital 025

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 050 b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Maries
d. STREET ADDRESS (If rural, give location) 235 Coeur d' Alene Avenue

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ernest	Elliot	McLaughlin	June	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	March 23, 1889	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Merchant 22	Grocery	Connecticut	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles McLaughlin	Unknown	Eliza Sinclair	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-34-5503	Ethel McLaughlin	St. Maries,

332X

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 7 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 12, 1967 *to* June 17, 1967 *that I last saw the deceased alive on* June 17, 1967 *and that death occurred at* 10:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
B. A. Rapp 428 M.D.	St. Maries, Idaho	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1967	Woodlawn	St. Maries Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-26-67	Wanda Simms	Dennis E Browning	E-411

FIRM NAME: Browning Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 29 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2403
Local Reg. No. 24
Reg. Dist. No. 130

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Benewah 050
b. CITY OR TOWN Plummer
c. LENGTH OF STAY (in this place) 16 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION Died in Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 05
b. COUNTY Benewah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Plummer
d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sarah	Bell	Nichols	June	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Aug. 15, 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Domestic	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Albert J. Straight	Minnesota	Mary Ella Lowe	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	George E. Nichols	Plummer Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Probable pulmonary embolism — INTERVAL BETWEEN ONSET AND DEATH: Terminal

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 11/29/51, 19__, *to* 6/24/67, 19__, *that I last saw the deceased alive on* 6/23/67, 19__, *and that death occurred at* 10:20 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Walter E. Starr 205 M.D.	Fairfield, Washington	6/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-27-1967	Woodlawn Cemetery	St. Maries, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-28-67	Wanda Simms	David A. Hansen	E-510

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUN 16 1967

BIRTH NO.

Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2404
Local Reg. No. 70
Reg. Dist. No. 601

1. PLACE OF DEATH
a. COUNTY 060 Bingham 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Little Indian Creek 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 060 b. COUNTY Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Blackfoot
d. STREET ADDRESS (If rural, give location) Little Indian Creek Ft.Hall Res.

3. NAME OF DECEASED (Type or Print) a. (First) Iva b. (Middle) c. (Last) Mamashoup

4. DATE OF DEATH (Month) (Day) (Year) Abt June 2, 1967

5. SEX female

6. COLOR OR RACE Am. Indian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Feb. 12, 1917

9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY own home

11. BIRTHPLACE (State or foreign country) Ft. Hall Reservation

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Roy Ingawanup — BIRTHPLACE Ft. Hall, Idaho

14. MOTHER'S MAIDEN NAME Esther Teton — BIRTHPLACE Ft. Hall, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Louella Todechiney — ADDRESS Rupert, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9210

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Piece of meat logged in throat

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 00

21c. (CITY, TOWN, OR TOWNSHIP) Indian Creek Road 13 — (COUNTY) 06 Bingham — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? Chooked on piece of meat.

22. *I hereby certify that I attended the deceased from* Did not see her alive, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Carl Staley 583 (Degree or title) Coroner 4

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-8-67

24c. NAME OF CEMETERY OR CREMATORY Lincoln Creek Cemetery

24d. LOCATION (City, town, or county) (State) Lincoln Creek, Bingham, Idaho

DATE REC'D BY LOCAL REG. June 12, 1967

REGISTRAR'S SIGNATURE Dorothy J. Jones

25. EMBALMER Howard Packham — LICENSE NO. E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2405
Local Reg. No. 67
Reg. Dist. No. 600

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bingham 061 315
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
c. LENGTH OF STAY (in this place): 15 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 061
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot
d. STREET ADDRESS (If rural, give location): 350 North Meridian

3. NAME OF DECEASED (Type or Print)
a. (First): Reuel
b. (Middle): Willard
c. (Last): Mickelsen

4. DATE OF DEATH (Month) (Day) (Year): June 3 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 23, 1904
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Cache, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Noah Mickelsen — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Sophia Chlotilda Hubbard — BIRTHPLACE: USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 10 1967
17. INFORMANT'S OWN SIGNATURE: Genevieve B. Mickelsen — ADDRESS: Blackfoot

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardiac failure — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): arteriosclerotic heart disease — Not known
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
(1) pneumonitis — 3 weeks
(2) recurrent bronchogenic carcinoma — 6 mo

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* January 1967, *to* June 3, 1967, *that I last saw the deceased alive on* June 2, 1967, *and that death occurred at* 2:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 404 MD. 1
23b. ADDRESS: Blackfoot, Idaho
23c. DATE SIGNED: 6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/7/67
24c. NAME OF CEMETERY OR CREMATORY: Iona Cemetery
24d. LOCATION (City, town, or county) (State): Iona Bonneville Co. Idaho

DATE REC'D BY LOCAL REG.: June 12, 1967
REGISTRAR'S SIGNATURE: Dorothy J. Jones
25. EMBALMER: Ralph M. Wood [signature] — LICENSE NO. 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 6 1967

JUL 5 1967

APR 8 1968

SEP 24 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2406
Local Reg. No. 7
Reg. Dist. No. 600

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 061 307
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (In this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 06 b. COUNTY Bingham 8
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot (Rural)
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED (Type or Print) a. (First) LILA b. (Middle) O'KESSON c. (Last) DURRANT

4. DATE OF DEATH (Month) (Day) (Year) June 3, 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2

8. DATE OF BIRTH July 24, 1883

9. AGE (In years last birthday) 83 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY home

11. BIRTHPLACE (State or foreign country) Sweden

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James O'Kesson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Johanna Olssen BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-40-5470A

17. INFORMANT'S OWN SIGNATURE ADDRESS Blackfoot, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 57085 Bowel Obstruction — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple adhesions
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY occur?

22. *I hereby certify that I attended the deceased from* May 28, 1967, *to* June 3, 1967, *that I last saw the deceased alive on* June 3, 1967, *and that death occurred at* 1:24 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED June 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE June 7, 1967

24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery

24d. LOCATION (City, town, or county) Blackfoot, (State) Idaho

DATE REC'D BY LOCAL REG. June 12, 1967

REGISTRAR'S SIGNATURE Dorothy Jo Jones

25. EMBALMER L. Dean Hill LICENSE NO. E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 10 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED.
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2407
Local Reg. No. 73
Reg. Dist. No. 601

RECEIVED Bureau of Vital Statistics JUN 16 1967

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Bingham 060
b. CITY OR TOWN Blackfoot (Rural) 301
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION Route 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 061
b. COUNTY Bingham
c. CITY OR TOWN Blackfoot
d. STREET ADDRESS (If rural, give location) 1281 South University

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HOWARD	WILLIAMD	FORMONT	June 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	March 17, 1909	58				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Inspector (Electrical) 08	Electrical inspector	Brooklyn, New York	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Gene Formont	unknown	Adeline Houck	unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	World War II 4	256-05-6987	Francis Formont	Blackfoot, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation 9129

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Fractur Jander or chest

DUE TO (c) Truck overturned onto victim

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
accident 1	00	Rt 1 Blackfoot 13 Bingham 061 Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from June 4, 19 67, to ~~19 xx~~ that I last saw the deceased alive on ~~19 xx~~, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Earl Stacey 583 4	Coroner, Bingham county	Blackfoot, Idaho	June 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Cremation	June 8, 1967	Aultorest crematory	Ogden, Utah

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12, 1967	Dorothy J. Jones	L. Dean Hill	E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

JUN 21 1967

JUL 5 1967

MAR 25 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to r... the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

JUN 1 6 1967

BIRTH NO.

Certificate of Death

STATE OF IDAHO

State File No. 2408

Local Reg. No. 68

Reg. Dist. No. 600

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
Bureau of Vital Statistics 007 Bingham 307

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Blackfoot

c. LENGTH OF STAY (in this place): 7 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060 b. COUNTY: Bingham

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Blackfoot

d. STREET ADDRESS (If rural, give location): Rt. #2 (Riverside)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Mary	Amelia	Halverson	June 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	married 3	Feb. 26, 1891	76	3	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: own home

11. BIRTHPLACE (State or foreign country): Lehi City, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George Henry Smith — BIRTHPLACE: Lehi, Utah

14. MOTHER'S MAIDEN NAME: Mary Jane Harwood — BIRTHPLACE: Lehi, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 518-14-2183-A

17. INFORMANT'S SIGNATURE: [signature] ADDRESS: Rt. #2, Blackfoot

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Aug 20, 1965 *to* June 5, 1967, *that I last saw the deceased alive on* June 5, 1967, *and that death occurred at* 5:30 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Blackfoot, Idaho	6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-8-67	Grove City Cemetery	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12, 1967	Dorothy J. Jones	Howard Packham	#-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

MAR 11 1974

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED

BIRTH NO. JUN 1 6 1967

Certificate of Death

STATE OF IDAHO

State File No. 2409
Local Reg. No. 77
Reg. Dist. No. 600

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 061 Bingham 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 060 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pingree (Springfield area)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Anna
b. (Middle) 029 Jesse
c. (Last) Judge

4. DATE OF DEATH (Month) June (Day) 7, (Year) 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Jan. 21, 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months 4 Days 17 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Alder, Montana
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Fred Battle — BIRTHPLACE Wisconsin
14. MOTHER'S MAIDEN NAME Mary Hudson — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-38-9379-A
17. INFORMANT'S OWN SIGNATURE Alden Judge — ADDRESS Pingree, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 442X Cardio Vascular Renal Dis — INTERVAL BETWEEN ONSET AND DEATH 2 to 3 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1964, *to* June 7, 1967, *that I last saw the deceased alive on* June 7, 1967, *and that death occurred at* 6:10 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE A. Miller Sr. 360 (Degree or title) M.D.
23b. ADDRESS 9 Airport Road Blackfoot, Idaho
23c. DATE SIGNED 6-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-10-67
24c. NAME OF CEMETERY OR CREMATORY Springfield, Cemetery
24d. LOCATION (City, town, or county) (State) Springfield, Bingham, Idaho

DATE REC'D BY LOCAL REG. June 14, 1967
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Howard Packham — LICENSE NO. E-338

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Howard Packham Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 6 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUN 1 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2410
Local Reg. No. 67
Reg. Dist. No. 600

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 061 Bingham — 410
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. LENGTH OF STAY (in this place) 10 hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 229

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 061 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 1318 Camas Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Clarence	J.	Stewart		June	7,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	May 20, 1889	78	0	17		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattleman & R.R. Worker
10b. KIND OF BUSINESS OR INDUSTRY Ranch & Railroad
11. BIRTHPLACE (State or foreign country) Kearney, Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John I. Stewart — BIRTHPLACE Ainsworth, Iowa
14. MOTHER'S MAIDEN NAME Penola Owen — BIRTHPLACE Columbus Jct., Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WWI
16. SOCIAL SECURITY NO. RR Retirement
17. INFORMANT'S OWN SIGNATURE Robert Stewart — ADDRESS Blf't., Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial decompensation, severe — INTERVAL BETWEEN ONSET AND DEATH 2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart disease — years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* September, 1963, *to* June, 1967, *that I last saw the deceased alive on* 7 June, 1967, *and that death occurred at* 10:10 A m., *from the causes and on the date stated above.*

23a. SIGNATURE R. E. Miller Jr 361 (Degree or title) M.D.
23b. ADDRESS 9 Airport Rd. Blackfoot, Idaho
23c. DATE SIGNED 6-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-10-67
24c. NAME OF CEMETERY OR CREMATORY Grove City Cemetery
24d. LOCATION (City, town, or county) (State) Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG. June 12, 1967
REGISTRAR'S SIGNATURE Dorothy J. Jones
25. EMBALMER Howard Packham — LICENSE NO. E-338
FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2411
Local Reg. No. 75
Reg. Dist. No. 600

BIRTH NO.

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 36/ Bingham
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (In this place) 8yr10mo
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital South 033

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Lincoln 3??
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mt. Home
d. STREET ADDRESS (If rural, give location) Mt. Home Air Force Base

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	FRANK	TONY	HAYES	June	10	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	November 29 1884	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 21
10b. KIND OF BUSINESS OR INDUSTRY: Machinist
11. BIRTHPLACE (State or foreign country): Illinois
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Abraham Lincoln Hayes — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Sarah A. Blackburn — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 554 26 6672
17. INFORMANT'S OWN SIGNATURE: Med. Records-State Hospital South — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Thrombophlebetis both legs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cerebral thrombosis, c Lbt Hemiparesis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* 10 June, 19 67, *that I last saw the deceased alive on* 10 June, 1967, *and that death occurred at* 1:45p m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Mary Louise Smith, MD 594 (Degree or title)	State Hospital South Blackfoot	15 June '67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/15/67	State Hospital So. Cem.	Blackfoot, Bingham, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 19, 1967	Dorothy J. Jones	Howard Packham	E-338

FIRM NAME: Howard Packham Mortuary

Federal Security Agency
United States Public Health Service
Form OH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 1 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2412
Local Reg. No. 76
Reg. Dist. No. 600

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 061 Bingham
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
c. NUMBER OF DAYS IN THIS PLACE 9 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 985 S. Fisher

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 061 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blackfoot
d. STREET ADDRESS (If rural, give location) 985 S. Fisher

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MAYME	(NMN)	MARTIN		June	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	April 15, 1885	82				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own home	McPherson, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Michael Wealand	Unknown	Martha Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE AND ADDRESS
NO	519-26-2969A	Blackfoot, Idaho Custis A. Martin

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from June 10, 19 67 to June 14, 19 67, that I last saw the deceased alive on June 10, 19 67, and that death occurred at 4:30 A.M. from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Carl Staley 583	Coroner 4	Blackfoot, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 14, 1967	Fielding Memorial Park	Bonneville County, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 30, 1967	Dorothy J. Jones	Orland C. Buck	E-250

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2413
Local Reg. No. 77
Reg. Dist. No. 600

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 06 Bingham
b. CITY OR TOWN Blackfoot
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bingham Memorial Hospital 029

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 068 Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moreland (Rural)
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) SCOTT
c. (Last) GRIEVE

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH October 4, 1894

9. AGE (In years last birthday) 72
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheepherder

10b. KIND OF BUSINESS OR INDUSTRY 04 Agriculture

11. BIRTHPLACE (State or foreign country) Salt Lake City, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Henry Grieve
BIRTHPLACE St. Louis, Missouri

14. MOTHER'S MAIDEN NAME Scott
BIRTHPLACE Spring City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. 519-09-8924

17. INFORMANT'S OWN SIGNATURE Lou M Fisher
ADDRESS Moreland, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4221 Arteriosclerotic myocardial disease — INTERVAL BETWEEN ONSET AND DEATH: 4 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema — 4 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1962 *to* June 17, 1967, *that I last saw the deceased alive on* June 17, 1967, *and that death occurred at* 7:30a. m., *from the causes and on the date stated above.*

23a. SIGNATURE Walter L Hoge 234 (Degree or title) M.D.

23b. ADDRESS Blackfoot, Idaho

23c. DATE SIGNED June 20, 67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial

24b. DATE June 20, 67

24c. NAME OF CEMETERY OR CREMATORY Moreland cemetery

24d. LOCATION (City, town, or county) (State) Bingham county, Idaho

DATE REC'D BY LOCAL REG. June 22, 1967

REGISTRAR'S SIGNATURE Dorothy J Jones

25. EMBALMER L Dan Hill

LICENSE NO. E-466

FIRM NAME: Sandberg-Hill Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2414
Local Reg. No. 30
Reg. Dist. No. 500-602

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Bingham 060 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): farm 4 mi. west Aberdeen 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 060
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Aberdeen
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): CLIFFORD
b. (Middle): L.
c. (Last): CARTER

4. DATE OF DEATH (Month) (Day) (Year): June 27, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: Jan. 6, 1952
9. AGE (In years last birthday): 15 — If under 1 year: Months 5, Days 21 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: School
11. BIRTHPLACE (State or foreign country): Salmon, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James F. Carter — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Verna B. Stone — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-56-8378
17. INFORMANT'S OWN SIGNATURE: Verna B. Carter — ADDRESS: Aberdeen, Ida.

18. CAUSE OF DEATH 9351
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Electrocuted — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Struck by lightning
DUE TO (c): While working in wheat field

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 4 Miles West of Aberdeen 13 060 Bingham Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 27 67 P.m. 2
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* victim *19* Alive *, 19___, that I last saw the deceased alive on* I did not see *, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Carl Staley — 583 (Degree or title): Coroner 4
23b. ADDRESS: 321 E. Walker Blackfoot
23c. DATE SIGNED: 7-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. & Burial 3
24b. DATE: 7-1-67
24c. NAME OF CEMETERY OR CREMATORY: Aberdeen Cemetery
24d. LOCATION (City, town, or county) (State): Aberdeen Idaho

DATE REC'D BY LOCAL REG.: 7-6-67
REGISTRAR'S SIGNATURE: Callum Godfried
25. EMBALMER: H. L. Davis — LICENSE NO.: E-253
FIRM NAME: Davis Furniture & Mortuary, Inc.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: APR 3 1969

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2415
Local Reg. No. 21
Reg. Dist. No. 410

BIRTH NO.

JUN 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Blaine 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Ketchum
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Wood River So. of Ketchum 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 070 Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
SHARI	ELLEN	KOHAL	June 4, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	white	never married	June 2, 1947	20				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oregon
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Edward W. Kohal	Montana	Carmen Kingsford	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 541-14-8183
17. INFORMANT'S OWN SIGNATURE ADDRESS By Phome from parents Calif.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9298

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Wood River	Ketchum	070 Idaho	(Blaine)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
June 4 1967 6 p.m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	Fell into Wood River

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Oscar Earle	583 Coroner 4	Sun Valley Idaho	6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
removal 3	6/6/67	Westminster Mem. Park	Westminster, Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12 67	Robert W. Wright	Keith Bird Keith Bird	E 373

FIRM NAME Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021 per ltr BW

DUTIES:

JUN 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2416
Local Reg. No. 22
Reg. Dist. No. 410

Certificate of Death

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hailey
c. LENGTH OF STAY (in this place): months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blaine Co. Hospital 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Carey
d. STREET ADDRESS (If rural, give location): rural, Fish Creek

3. NAME OF DECEASED (Type or Print)
a. (First): JENNIE
b. (Middle): LELA
c. (Last): DODGE

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1967

5. SEX: female 1
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: March 28, 1896
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Baker, Oregon
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robert M. Garrison — BIRTHPLACE: unk
14. MOTHER'S MAIDEN NAME: Flora A. Klinefelter — BIRTHPLACE: unk

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Redding, Calif

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

151X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): GASTRIC CANCER — INTERVAL BETWEEN ONSET AND DEATH: 2 YRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): NOT KNOWN
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 402 (Degree or title): 1
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 6/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: 6/9/67
24c. NAME OF CEMETERY OR CREMATORY: Carey Cemetery
24d. LOCATION (City, town, or county) (State): Carey, Idaho

DATE REC'D BY LOCAL REG.: June 12/67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird [signature] — LICENSE NO.: E 373
FIRM NAME: Bird Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-630214 Rev. 6-5-67

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 0 1 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2417
Local Reg. No. 23
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 23 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 070 Blaine 104
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
c. LENGTH OF STAY (in this place) 4 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence So. Main 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 070
b. COUNTY Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hailey
d. STREET ADDRESS (If rural, give location) 302 South Main

3. NAME OF DECEASED (Type or Print)
a. (First) GRACE
b. (Middle) B.
c. (Last) WOODHOUSE

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: July 9, 1889
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): actress, retired 23
10b. KIND OF BUSINESS OR INDUSTRY: NBC. hollywood
11. BIRTHPLACE (State or foreign country): Lockburn, Ohio
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: unk Shirey — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lucinda Albright — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 562-05-1973
17. INFORMANT'S OWN SIGNATURE: Mildred H. Lewis — ADDRESS: Hailey, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDIAL INFARCTION — INTERVAL BETWEEN ONSET AND DEATH: 2-3 HRS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE — SEVERAL YEARS
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 1967, 19__, *that I last saw the deceased alive on* 5 JUNE, 1967, *and that death occurred at* 1:00 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Alden M. Parkinson 402 (Degree or title)
23b. ADDRESS: Hailey, Idaho
23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/12/67
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: June 20-67
REGISTRAR'S SIGNATURE: Robert H. Wright
25. EMBALMER: Keith Bird — Keith Bird
LICENSE NO.: E 373

Federal Security Agency
United States Public Health Service

Form DH-63021 per C.B.N.

FIRM NAME: Bird Funeral Home, Hailey

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2418
Local Reg. No. 24
Reg. Dist. No. 410

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Blaine 070 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sun Valley
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 070
b. COUNTY: Blaine
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural, Gannett
d. STREET ADDRESS (If rural, give location): Rural

3. NAME OF DECEASED (Type or Print)
a. (First): VELTA
b. (Middle): MARIE
c. (Last): BROWNING

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: August 8, 1928
9. AGE (In years last birthday): 38 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Bellevue, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Dick Johnson — BIRTHPLACE: Shoshone, Ida.
14. MOTHER'S MAIDEN NAME: Blessy Berry — BIRTHPLACE: Pomeri, Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Charlie Browning — ADDRESS: Gannett, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of cervix metastatic to liver — INTERVAL BETWEEN ONSET AND DEATH: 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): (x-ray necrosis of bowel)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 7 June 67
19b. MAJOR FINDINGS OF OPERATION: above
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966 *to* death, 19__, *that I last saw the deceased alive on* 15 June, 19__, *and that death occurred at* 4 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: C. Scott Earle — 151 (Degree or title): MD
23b. ADDRESS: Sun Valley Idaho
23c. DATE SIGNED: 6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6/19/67
24c. NAME OF CEMETERY OR CREMATORY: Hailey Cemetery
24d. LOCATION (City, town, or county) (State): Hailey, Idaho

DATE REC'D BY LOCAL REG.: June 23/67
REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W.
25. EMBALMER: Keith Bird — Keith Bird
LICENSE NO.: E- 373
FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Ida-Cal-

State File No. 2419
Local Reg. No. 25
Reg. Dist. No. 410

Certificate of Death

RECEIVED JUN 27 1967 BUREAU OF VITAL STATISTICS STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Blaine County 070
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sun Valley
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sun Valley Hospital 036

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Camas 130
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Fairfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Violet b. (Middle) Cecelia c. (Last) Lasswell

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 22, 1902
9. AGE (In years last birthday) 64 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Driggs, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Carl John Anderson BIRTHPLACE Kristinaham Sweden
14. MOTHER'S MAIDEN NAME Cecilia Haunler BIRTHPLACE Arvika, Sweden.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Joanne K. Shaw ADDRESS Walden, Colorado

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 5 Fluorouracil Toxicity — INTERVAL BETWEEN ONSET AND DEATH: 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of ovary
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 31 Dec '66
19b. MAJOR FINDINGS OF OPERATION Wide-spread carcinoma of ovary
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July *1966, to* 17 June *, 19* 67 *, that I last saw the deceased alive on* 17 June *, 19* 67 *, and that death occurred at* 8:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE A. Scott Crane M.D. (Degree or title)
23b. ADDRESS Sun Valley, Idaho
23c. DATE SIGNED 6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-23-1967
24c. NAME OF CEMETERY OR CREMATORY Riverside Park Cemetery
24d. LOCATION (City, town, or county) Spokane, (State) Washington.

DATE REC'D BY LOCAL REGR. June 23 '67
REGISTRAR'S SIGNATURE Robert H. Wright for
25. EMBALMER Robert L Meyer
LICENSE NO. E-424
FIRM NAME: Thompson Chapel Gooding, Idah.

Federal Security Agency
United States Public Health Service
Form DH-63021 Rev. 8-63

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2420
Local Reg. No. 27
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 070 Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Galena Mountain
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California
b. COUNTY 555 Los Angles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Gabriel
d. STREET ADDRESS (If rural, give location) 2509 N. Jackson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jodi	Heather	O'Rourke	June 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	Dec 12, 1966	6mo				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
02		Beverly Hills California	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Arthur Patrick O'Rourke	LosAngeles Calif.	Helen Meyers	UNK

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 866X [redacted] Cranio-cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
1	Mountain Side 10	Galena Summit 13	Blaine 070	Idaho

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
June	21	'67	2:30 p.m.		Airplane crash

22. *I hereby certify that I attended the deceased from* 2 *, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. Scott Earle MD 583	Coroner 4	Sun Valley Idaho	6/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 22,67	Alhambra, California	Los Angeles Countym Calif.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 1-'67	Robert H. Wright Jr	Keith Bird	E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2421
Local Reg. No. 26
Reg. Dist. No. 410

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 070 Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 000
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Galena Mountain 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 05 California
b. COUNTY 555 Los Angeles
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) San Gabriel
d. STREET ADDRESS (If rural, give location) 2509 N. Jackson Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Arthur
b. (Middle) Patrick
c. (Last) O'Rourke

4. DATE OF DEATH (Month) (Day) (Year) June 21, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Nov. 11, 1941
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Engineer 11
10b. KIND OF BUSINESS OR INDUSTRY: Construcion
11. BIRTHPLACE (State or foreign country): Los Angeles, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Arthur E. O'Rourke — BIRTHPLACE: No. Dokota
14. MOTHER'S MAIDEN NAME: Mable Blaick — BIRTHPLACE: No. Dokota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 563-54-2642
17. INFORMANT'S OWN SIGNATURE By Phone from Mr. O'Rourke's Parents — ADDRESS

866X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cranio-cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountain side 16
21c. (CITY, TOWN, OR TOWNSHIP) 13 Galena Summit — (COUNTY) 070 Blaine — (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 21 '67 2:30P 2
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 2
21f. HOW DID INJURY OCCUR? Airplane Crash

22. *I hereby certify that I attended the deceased from* Did not see alive *19__ to ____, 19__, that I last saw the deceased alive on ____, 19__, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 583 (Degree or title) Coroner 4
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: 6/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 22, 1967
24c. NAME OF CEMETERY OR CREMATORY: Alhambra Calif.
24d. LOCATION (City, town, or county) (State): Los Angeles county calif.

DATE REC'D BY LOCAL REG.: July 1/67
REGISTRAR'S SIGNATURE: Robert H. Wright per C.B.W.
25. EMBALMER: Keith Bird — Keith Bird
LICENSE NO. E-373

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bird Funeral Home Hailey, Idaho

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2422
Local Reg. No. 28
Reg. Dist. No. 410

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: 070 Blaine
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ketchum
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Warm Springs Road, Ketchum
Auto accident

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: 23 Michigan
b. COUNTY: 555 Traverse
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Traverse City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)

a. (First): Dale
b. (Middle): Jay 000
c. (Last): Zue

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1967

5. SEX: Male
6. COLOR OR RACE: Wht.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Dec. 26, 1941
9. AGE (In years last birthday): 25 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Scott Ski Poles
11. BIRTHPLACE (State or foreign country): Traverse City, Mich.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Jay Zue — BIRTHPLACE: Traverse, Mich.
14. MOTHER'S MAIDEN NAME: Elizabeth Ann Flack — BIRTHPLACE: Traverse, Mich.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 365-42-6872
17. INFORMANT'S OWN SIGNATURE: From Birth Certif. in pocket — ADDRESS: Keith Bird

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8224

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crush injury (auto accident) — INTERVAL BETWEEN ONSET AND DEATH: immediate

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Alcoholism acute (suspected)

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 04
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Ketchum 13 070 Blaine Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 30 '67 11:30 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Auto overturned

22. *I hereby certify that I attended the deceased from* 2 *, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Scott Earle MD. 151 1
23b. ADDRESS: Sun Valley, Idaho
23c. DATE SIGNED: July 5 '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Grand Traverse Mem. Gardens
24d. LOCATION (City, town, or county) (State): Traverse City, Michigan

DATE REC'D BY LOCAL REG.: July 8/67
REGISTRAR'S SIGNATURE: Robert H. Wright for
25. EMBALMER: Keith Bird Keith Bird
LICENSE NO.: E-373

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bird Funeral Home, Hailey, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2423
Local Reg. No. 77
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Blanchard
c. LENGTH OF TIME (in this place) 404 Hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Leo's Tavern Parking Lot

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Wash.
b. COUNTY 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Chattaroy
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) James
b. (Middle) B 000
c. (Last) Ford

4. DATE OF DEATH (Month) (Day) (Year) May 28 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2
8. DATE OF BIRTH: 5/27/1915
9. AGE (In years last birthday): 52 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 10
10b. KIND OF BUSINESS OR INDUSTRY: Rail Road
11. BIRTHPLACE (State or foreign country): Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Louis Ford — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Julia Kantola — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) WW II 4
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE: Personal Papers. — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9/68

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Smoke inhalation.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Intoxication.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 26
21c. (CITY, TOWN, OR TOWNSHIP) 13 Blanchard (COUNTY) 090 Bonner (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? (From Cigarette. Mattress in Car Caught Fire

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson — 583 (Degree or title) Coroner 4
23b. ADDRESS: Sandpoint Idaho
23c. DATE SIGNED: 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 5/28/67
24c. NAME OF CEMETERY OR CREMATORY: Sherman Funeral Home
24d. LOCATION (City, town, or county) (State): Newport, Wash.

DATE REC'D BY LOCAL REG.: June 20, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tibbetts
25. EMBALMER: R. D. Sherman — LICENSE NO. QL749

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Sherman Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2424
Local Reg. No. 87
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 017 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 534 Pine

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 017 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Laclede
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	William	Fisher	May	31	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	W	Never Married	October 12, 1905	61				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming 04	Own Farm	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Fisher	Switzerland	Edith Gehrig	Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WWII	519 10 4581	X Mrs. M. F. Albertson	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 42.01 Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Same

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-20, 1967, *to* 5-31, 1967, *that I last saw the deceased alive on* 5-28, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 327	MD	Sandpoint, Idaho	6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 3, 1967	Seneacquoteen	Bonner County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 21, 1967	[signature]	Dale G. Coffelt	E-501

FIRM NAME: Moon Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2425
Local Reg. No. 78
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Hotel Annex 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho
b. COUNTY: 090 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Priest River
d. STREET ADDRESS (If rural, give location): Hotel Annex

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Milo	V.	Coons	June 3 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced 2	Feb. 5, 1901	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
general labor-Forest	08 Service Exp. Sta.	Wadena, Minnesota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
unobtainable		unobtainable	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes WW I and WW II 4	518-05-1761 A	William L. Coons	

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.: Obesity and alcoholism — Years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Barry D. Nelson 583	Coroner 4	Sandpoint Idaho	6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1967	Pinecrest Cemetery	Bonner County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 20 1967	Phyllis G. Tibbetts	Barry D. Nelson	E-455

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 21 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2426
Local Reg. No. 74
Reg. Dist. No. 110

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 091 Bonner 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 091
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 524 Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Dwight
c. (Last) Boner

4. DATE OF DEATH (Month) (Day) (Year) June 4, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 18, 1900
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Owner 22
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Ed Boner — BIRTHPLACE USA
14. MOTHER'S MAIDEN NAME Edwina Cramer — BIRTHPLACE USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 709-16-6190
17. INFORMANT'S OWN SIGNATURE X Francis Wyckoff — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Accident — INTERVAL BETWEEN ONSET AND DEATH 12 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3, 1967, *to* 6-4, 1967, *that I last saw the deceased alive on* 6-4, 1967, *and that death occurred at* 6:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 327 (Degree or title) [signature]
23b. ADDRESS Sandpoint, Idaho
23c. DATE SIGNED 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 8, 1967
24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery
24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. June 12, 1967
REGISTRAR'S SIGNATURE Phyllis G. Tibbetts
25. EMBALMER Barry D. Nelson — LICENSE NO. E-455

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2427
Local Reg. No. 75
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 09 Bonner 310
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
LENGTH OF STAY (in this place) 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 040 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dover
d. STREET ADDRESS (If rural, give location) --

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Jens	Peter	Roburg	June 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Aug. 14, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Sawmill worker 17	Lumber Retired	Norway	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	Norway	Unobtainable	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	--	518-03-9975	Mrs. Paul Hanson	Dover

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Adeno carcinoma of Prostate with metastasis to bone & liver — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 1 1965 *to* June 6, 1967, *that I last saw the deceased alive on* June 6, 1967, *and that death occurred at* 6:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Smith MD	Sandpoint, Idaho	6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 10, 1967	Pinecrest Cemetery	Sandpoint Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 12 1967	Phyllis M. Willetts	L.G. Moon Jr.	E-405

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2428
Local Reg. No. 80
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Bonner 091 — 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: 098 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Clark Fork
d. STREET ADDRESS (If rural, give location): Inside village limits

3. NAME OF DECEASED (Type or Print): a. (First) Farrell — b. (Middle) Helen — c. (Last) Rickman

4. DATE OF DEATH: (Month) (Day) (Year) June 10, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 31, 1912

9. AGE (In years last birthday): 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY: Own Home

11. BIRTHPLACE (State or foreign country): OREGON

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Gooch — BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Helen Hjort — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 517-07-1409

17. INFORMANT'S OWN SIGNATURE: ✓ W. R. Rickman — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 331X Massive cerebro-vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 27 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION — **19b. MAJOR FINDINGS OF OPERATION** — **20. AUTOPSY?** YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) — **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) — **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m. — **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ — **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* June 9, 1967, *to* June 10, 1967, *that I last saw the deceased alive on* June 10, 1967, *and that death occurred at* 8:55p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Helen R. Peterson M.D. 415 — **23b. ADDRESS**: Sandpoint, Idaho — **23c. DATE SIGNED**: 6/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation — **24b. DATE**: 6/15/67 — **24c. NAME OF CEMETERY OR CREMATORY**: Moon Crematory — **24d. LOCATION** (City, town, or county) (State): Sandpoint Idaho

DATE REC'D BY LOCAL REG.: June 21, 1967 — **REGISTRAR'S SIGNATURE**: Phyllis G. Roberts

25. EMBALMER: L. G. Moon, Jr. — **LICENSE NO.**: E-405

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2429
Local Reg. No. 96
Reg. Dist. No. 110

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Garfield Bay (Rural)
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Meade
d. STREET ADDRESS (If rural, give location) Route 1

3. NAME OF DECEASED (Type or Print)
a. (First) Leslie
b. (Middle) Paul
c. (Last) Lehman

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWER, DIVORCED (Specify) Married 3

8. DATE OF BIRTH 11/14/98

9. AGE (In years last birthday) 68
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY Various Contractors

11. BIRTHPLACE (State or foreign country) Minneapolis, Minn.

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Andrew Lehman
BIRTHPLACE

14. MOTHER'S MAIDEN NAME Alma Uhling
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) WW I 3

16. SOCIAL SECURITY NO. 533-20-6286

17. INFORMANT'S OWN SIGNATURE (Personal Papers)
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] MD (Degree or title)

23b. ADDRESS Sandpoint, Idaho

23c. DATE SIGNED 6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE 6/15/67

24c. NAME OF CEMETERY OR CREMATORY Fairmount Memorial Park
Hazen & Yager

24d. LOCATION (City, town, or county) (State) Spokane, Washington

DATE REC'D BY LOCAL REG. 6/15/67

REGISTRAR'S SIGNATURE [signature]

25. EMBALMER Hazen & Yager Funeral Home

LICENSE NO.

FIRM NAME: Hazen & Yager Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 20 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 1 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2430
Local Reg. No. 79
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 090 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 505 minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 miles west of Clark Fork 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 090
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Clark Fork
d. STREET ADDRESS (If rural, give location) Inside village limits

3. NAME OF DECEASED (Type or Print)
a. (First) Albert
b. (Middle) Fred
c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Aug. 29 1917
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanic 21
10b. KIND OF BUSINESS OR INDUSTRY Sandpoint City Shop
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME unob. BIRTHPLACE
14. MOTHER'S MAIDEN NAME Mathilda Allen BIRTHPLACE unob.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War II 4
16. SOCIAL SECURITY NO. 557-18-4761
17. INFORMANT'S OWN SIGNATURE Diane C. Allen ADDRESS BW 213 Clark Fork

8214

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute accidental trauma — INTERVAL BETWEEN ONSET AND DEATH Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Multiple fractures
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Blood Alcohol .16

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 10 A 063
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 13 090 3 miles west of Clark Fork, Bonner, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6/12/67 7:00 P.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Failed to negotiate curve (on Motor-Cycle)

22. *I hereby certify that I attended the deceased from* 2, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Barry D. Nelson (Degree or title) 583 Coroner 4
23b. ADDRESS Sandpoint Idaho
23c. DATE SIGNED 6/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2
24b. DATE 6/1/67
24c. NAME OF CEMETERY OR CREMATORY Moon Crematory
24d. LOCATION (City, town, or county) (State) Sandpoint Idaho

DATE REC'D BY LOCAL REG. June 20, 1967
REGISTRAR'S SIGNATURE Phyllis G. Tibbetts
25. EMBALMER L. G. Moon, Jr.
LICENSE NO. E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2431
Local Reg. No. 82
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 091 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
c. LENGTH OF STAY (in this place): 1 1/2 hr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 091 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sandpoint
d. STREET ADDRESS (If rural, give location): 1217 Lake Street

3. NAME OF DECEASED (Type or Print)
a. (First): Grace
b. (Middle): Ellen
c. (Last): Gordon

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 4, 1886
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Nickerson, Kansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: L. E. VanNatten — BIRTHPLACE: USA
14. MOTHER'S MAIDEN NAME: Madigan — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: --
17. INFORMANT'S OWN SIGNATURE: x Billy R. Brockus — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 5 hrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic heart disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-16, 1961, *to* 6-13, 1967, *that I last saw the deceased alive on* 6-13-67, 19___, *and that death occurred at* 2:31P *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. H. Manenau MD 327 (Degree or title)
23b. ADDRESS: Sandpoint
23c. DATE SIGNED: 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pinecrest Cemetery
24d. LOCATION (City, town, or county): Sandpoint (State): Idaho

DATE REC'D BY LOCAL REG.: June 21, 1967
REGISTRAR'S SIGNATURE: Phyllis G. Tilebett
25. EMBALMER: L. G. Moon, Jr. — LICENSE NO.: E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2432
Local Reg. No. 83
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 091 Bonner 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 091
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) Sandpoint Manor

3. NAME OF DECEASED (Type or Print)
a. (First) Charles
b. (Middle) Ernest
c. (Last) Riffle

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 22, 1876
9. AGE (In years last birthday) 90 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mill worker 17
10b. KIND OF BUSINESS OR INDUSTRY Lumber
11. BIRTHPLACE (State or foreign country) Wellsville, New York
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Unobtainable — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Unobtainable — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) --
16. SOCIAL SECURITY NO. 518-10-7261
17. INFORMANT'S OWN SIGNATURE X Raymond L. Riffle — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4341

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia - Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 was

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Kidney Failure — progressive
DUE TO (c) Congestive Heart Failure — progressive

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Arteriosclerotic Heart Disease for 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 26, 1963, *to* June 15, 1967, *that I last saw the deceased alive on* June 15, 1967, *and that death occurred at* 7:15 p.m. *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 471 (Degree or title)
23b. ADDRESS [signature] 2th
23c. DATE SIGNED 6/18/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 20, 1967
24c. NAME OF CEMETERY OR CREMATORY Pinecrest Cemetery
24d. LOCATION (City, town, or county) Sandpoint (State) Idaho

DATE REC'D BY LOCAL REG. June 21, 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER L. G. Moon, Jr.
LICENSE NO. E-405

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2433
Local Reg. No. 84
Reg. Dist. No. 110

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 091 Bonner
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
c. LENGTH OF STAY (in this place) 1 hour 401
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonner General Hospital 039

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 090 Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Samuels
d. STREET ADDRESS (If rural, give location) Rt. 1 Box 51

3. NAME OF DECEASED (Type or Print)
a. (First) Howard
b. (Middle) Emmett
c. (Last) Davis

4. DATE OF DEATH (Month) June (Day) 25, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 18, 1930
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Earl R. Davis — BIRTHPLACE: Washington
14. MOTHER'S MAIDEN NAME: Vallie May Davis — BIRTHPLACE: Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) Korean Conflict 7
16. SOCIAL SECURITY NO. 518-32-0556
17. INFORMANT'S OWN SIGNATURE: Dale L. Inman — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive accidental trauma — INTERVAL BETWEEN ONSET AND DEATH: 2 1/2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal skull fracture and massive internal hemorhage
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Automobile accident; blood alcohol .13

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 95 06
21c. (CITY, TOWN, OR TOWNSHIP): Colburn 13 — (COUNTY): 090 Bonner — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/24/67 5:55 Pm.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car turned in front of logging truck

22. *I hereby certify that I attended the deceased from* 2 *, 19*__*, to* _____*, 19*__*, that I last saw the deceased alive on* _____*, 19*__*, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Barry D. Nelson Carmel 583 (Degree or title)
23b. ADDRESS: Sandpoint, Idaho 83864
23c. DATE SIGNED: 6/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: June 30, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pack River Cemetery
24d. LOCATION (City, town, or county): Bonner County — (State): Idaho

DATE REC'D BY LOCAL REG.: June 29, 1967
REGISTRAR'S SIGNATURE: Phyllis Y. Tilchetts
25. EMBALMER: L. G. Moon, Sr. — LICENSE NO.: E-171

Federal Security Agency
United States Public Health Service
Form DH-69021
FIRM NAME: Moon Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 17 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2434
Local Reg. No. 150
Reg. Dist. No. 610

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 116
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 16 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 350 - 12th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 350 - 12th Street

3. NAME OF DECEASED (Type or Print)
a. (First): DOLORES
b. (Middle): M.
c. (Last): GARCIA

4. DATE OF DEATH (Month) (Day) (Year): April 25, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 16, 1910
9. AGE (In years last birthday): 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Mexico
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvarado Maldonado — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Delfina Rios — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: X Joe M. Garcia — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1551

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of Gall Bladder — INTERVAL BETWEEN ONSET AND DEATH: ? 1 yr.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): with hepatic metastases
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Gall stones. — Years.

19a. DATE OF OPERATION: March 10, '67
19b. MAJOR FINDINGS OF OPERATION: Carcinoma of Gall Bladder c metastases
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 9, 1967, *to* April 25, 1967, *that I last saw the deceased alive on* March 8, 1967, *and that death occurred at* 6:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE 359 (Degree or title): [signature] — **23b. ADDRESS**: 544 - 4th, Idaho Falls. — **23c. DATE SIGNED**: 5/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Rosehill Cemetery
24d. LOCATION (City, town, or county) (State): Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.: June 10-67
REGISTRAR'S SIGNATURE: Anna Bredges
25. EMBALMER: R. W. Modland — LICENSE NO.: E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 1 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2435
Local Reg. No. 194
Reg. Dist. No. 610

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay
d. STREET ADDRESS (If rural, give location) Memorial Drive Idaho Falls, Idaho

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE
b. (Middle) (nmi)
c. (Last) MILLONIG

4. DATE OF DEATH (Month) (Day) (Year) May 3, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH June 17, 1887
9. AGE (In years last birthday) 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Mutz — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Wilhelmina Glick — BIRTHPLACE Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-62-5087
17. INFORMANT'S OWN SIGNATURE Mrs A. V. Larter — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1 dy pentensive Q.S.N.O. — INTERVAL BETWEEN ONSET AND DEATH 16 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 7, 1951, *to* May 3, 1967, *that I last saw the deceased alive on* May 2, 1967, *and that death occurred at* 6:40 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) L. K. Krantz, M.D. 294
23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED 6/ /1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 6, 1967
24c. NAME OF CEMETERY OR CREMATORY Mt. McCaleb Cemetery
24d. LOCATION (City, town, or county) (State) Mackay, Idaho

DATE REC'D BY LOCAL REG. July 17-1967
REGISTRAR'S SIGNATURE Anna Bridger
25. EMBALMER [signature]
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

KRAUTSMD

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2436
Local Reg. No. 151
Reg. Dist. No. 610

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 168 - 9th St.

3. NAME OF DECEASED (Type or Print)
a. (First) GEORGE
b. (Middle) (nmi)
c. (Last) JAEGER

4. DATE OF DEATH (Month) (Day) (Year) May 4, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Dec. 31, 1912
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman 24
10b. KIND OF BUSINESS OR INDUSTRY kitchen equipment
11. BIRTHPLACE (State or foreign country) Washington
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Carl Jaeger — BIRTHPLACE Washington
14. MOTHER'S MAIDEN NAME Elizabeth Benson — BIRTHPLACE California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W. II 4
16. SOCIAL SECURITY NO. 572-14-0495
17. INFORMANT'S OWN SIGNATURE Bernita I. Jaeger — ADDRESS I.F.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb, 1967, *to* May 4, 1967, *that I last saw the deceased alive on* May 4, 1967, *and that death occurred at* 10:05A *m., from the causes and on the date stated above.*

23a. SIGNATURE 556 Byron T Weeks (Degree or title) MD
23b. ADDRESS 1585 So. Boulevard, Idaho Falls
23c. DATE SIGNED 5/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 8, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 10-1967
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER [signature]
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 13 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Weaver, MO

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2437
Local Reg. No. 152
Reg. Dist. No. 610

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1355 Winston Place

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LANNY	JOSEPH	BUTLER	May 19, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	never married	May 19, 1967				4	21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	none	Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roger J. Butler	Idaho	Carole Sue Denning	Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	none	Roger J. Butler	Idaho Falls Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature labor
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____ 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 10:52P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
043 [illegible] MD	Idaho Falls Ida.	5/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 22, 1967	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 10-1967	Emma Rudges	[illegible]	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-5368

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Bills, M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2438
Local Reg. No. 153
Reg. Dist. No. 610

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 176
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 76 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Nursing Home 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 230 Corner Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) MINNIE
b. (Middle) B.
c. (Last) ROGERS

4. DATE OF DEATH (Month) (Day) (Year) May 20, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Jan. 4, 1884
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Colorado
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John D. Boyes — BIRTHPLACE Scotland
14. MOTHER'S MAIDEN NAME Jane Dickson — BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-07-2581
17. INFORMANT'S OWN SIGNATURE X Lulu R. Stalker — ADDRESS Idaho Fall

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — Years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April, 1965, *to* May, 1967, *that I last saw the deceased alive on* 5/20, 1967, *and that death occurred at* 7:55A. *m., from the causes and on the date stated above.*

23a. SIGNATURE 546 (Degree or title) Carried Not
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 5/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 24, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 10-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. N. Mallard
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL - 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

paid m.d.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUN 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2439
Local Reg. No. 137
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 105
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 5 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 346 Falls Drive 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 346 Falls Drive

3. NAME OF DECEASED (Type or Print)
a. (First) PATRICK
b. (Middle) J.
c. (Last) CORCORAN

4. DATE OF DEATH (Month) (Day) (Year) May 22, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Aug. 29, 1911
9. AGE (In years last birthday) 55 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Personnell Assistant 19
10b. KIND OF BUSINESS OR INDUSTRY A.E.C.
11. BIRTHPLACE (State or foreign country) Pennsylvania
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Corcoran — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Stella (no record) — BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 553-40-2703
17. INFORMANT'S OWN SIGNATURE X Mrs P. J. Corcoran — ADDRESS I.F.

18. CAUSE OF DEATH 5020
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	EMPHYSEMA	6-10 YRS
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	CHRONIC BRONCHITIS	25 YRS
DUE TO (c)	CIGARETTE SMOKING	30 YRS
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	PANCYTOPENIC DYSCRASIA	5-7 YRS
	RHEUMATIC HEART DISEASE	25+ YRS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DEC., 1963, *to* MAY 22, 1967, *that I last saw the deceased alive on* MAY 21, 1967, *and that death occurred at* 2:20P. *m., from the causes and on the date stated above.*

23a. SIGNATURE C. J. Sturdagen, M.D. 499 (Degree or title)
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery
24d. LOCATION (City, town, or county) (State) Columbia, Missouri

DATE REC'D BY LOCAL REG. June 10-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. W. Mallard
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 30 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Steve Lagey M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2440
Local Reg. No. 739
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 914 E. 22

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Margery	Margaret	Miller	May 23, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	May 14, 1886	81	0	9		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		West Portage, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alfred A. Bramwell	Utah	Margery America Shoemaker	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		Lloyd Miller	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

332X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Hypertensive Arteriosclerotic Heart Disease with congestive failure.
DUE TO (c) Cerebral Thrombosis

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Hypertensive Arteriosclerosis Heart Disease with congestive failure. Cerebral Thrombosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 14, 19 50, *to* May 23, 19 67, *that I last saw the deceased alive on* May 23, 1967, *and that death occurred at* 1:50P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
294 L. K. Krantz, M.D.	798 South Blvd. Idaho Falls, Idaho	June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	May 27, 1967	Grant Cemetery	Grant, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 20-67	Emma Rudges	Leo Williams	E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2441
Local Reg. No. 154
Reg. Dist. No. 610

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 144
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 44 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Uptown Trailer Court 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 355 E. 13th St.

3. NAME OF DECEASED (Type or Print)
a. (First) THOMAS
b. (Middle) (nmi)
c. (Last) VAUGHN

4. DATE OF DEATH (Month) (Day) (Year) May 23, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Oct. 9, 1889
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) salesman 24
10b. KIND OF BUSINESS OR INDUSTRY farm implements
11. BIRTHPLACE (State or foreign country) Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Vaughn — BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W. I 3
16. SOCIAL SECURITY NO. 022X
17. INFORMANT'S OWN SIGNATURE X Flora Vaughn — ADDRESS Idaho Falls, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured aortic aneurism — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-26-, 1960, *to* 5-23-, 1967, *that I last saw the deceased alive on* 9-22-, 1966, *and that death occurred at* P *m., from the causes and on the date stated above.*

23a. SIGNATURE John S McMillan 348 (Degree or title) MD 1
23b. ADDRESS 550 Fourth St
23c. DATE SIGNED 6-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE May 26, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho FAlls, Idaho

DATE REC'D BY LOCAL REG. June 10-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. W. Maddock
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2442
Local Reg. No. 738
Reg. Dist. No. 610

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 103
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 3 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 355 - 7th St.

3. NAME OF DECEASED (Type or Print)
a. (First) WALTER
b. (Middle) WARREN
c. (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) May 27, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov. 19, 1902
9. AGE (In years last birthday) 64 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) engineer 11
10b. KIND OF BUSINESS OR INDUSTRY construction
11. BIRTHPLACE (State or foreign country) Arkansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph D. Miller — BIRTHPLACE No Record
14. MOTHER'S MAIDEN NAME Anna G. Beloat — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 567-34-2045
17. INFORMANT'S OWN SIGNATURE Sarah P. Miller — ADDRESS

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hremia — INTERVAL BETWEEN ONSET AND DEATH 2 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) glomerulonephrosclerosis — unknown
DUE TO (c) Diabetes mellitus —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Hypertension - coronary artery disease

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [✓] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 13, *19*67, *to* May 27, *19*67, *that I last saw the deceased alive on* May 27, *19*67, *and that death occurred at* 8:24 P *m., from the causes and on the date stated above.*

23a. SIGNATURE L. K. Krantz (Degree or title) 294 L. K. Krantz, M.D.
23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho
23c. DATE SIGNED 6/ /1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE May 30, 1967
24c. NAME OF CEMETERY OR CREMATORY Heavener Mem. Park
24d. LOCATION (City, town, or county) (State) Heavener, Oklahoma

DATE REC'D BY LOCAL REG. June 20-1967
REGISTRAR'S SIGNATURE Anna Bredger
25. EMBALMER R. W. Medland
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Corbett M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Information, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2443
Local Reg. No. 769
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 500
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 042 Latter Day Saints Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1450 Elmore Ave

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Brent	Darrell	Jackson		May	29	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 7	April 15, 1967		1	14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jerry Mirt Jackson	Idaho	June Colvin	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	Irene Jackson	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

7330

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anoxia and respiratory failure death — INTERVAL BETWEEN ONSET AND DEATH: Few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undetermined
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 April, 1967, *to* 29 May, 1967, *that I last saw the deceased alive on* 26 May, 1967, *and that death occurred at* 4:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Kirk O. Johnson 262	MD	Idaho Falls, Idaho	27 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/2/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29-67	Anna Rudge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: 6-67-3361

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 27 1967 Bureau of Vital Statistics

State File No. 2444
Local Reg. No. 157
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 168
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place) 68 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 385 E. 24th St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 107
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 385 E. 24th St.

3. NAME OF DECEASED (Type or Print)
a. (First) MARGARET
b. (Middle) FREDRICKA
c. (Last) ROSE

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Oct. 21, 1897
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Seyfert — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Lena Funke — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 519-07-3687
17. INFORMANT'S OWN SIGNATURE Mrs. Emil C. Johnson — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: Acute

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic disease — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/10, 1967, *to* 5/30, 1967, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 546 (Degree or title)
23b. ADDRESS Idaho Falls, Ida
23c. DATE SIGNED 6/1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Rosehill Cemetery
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 20-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER R. N. Mallard
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Buck Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Waid M.D.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

State File No. 2445
Local Reg. No. 176
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 12 1967 Bureau of Vital Statistics

STATE OF IDAHO

1. PLACE OF DEATH

a. COUNTY: 101 Bonneville 316

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

c. LENGTH OF STAY (In this place): 16 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: 101 Idaho

b. COUNTY: Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 765 South Boulevard

3. NAME OF DECEASED (Type or Print)

a. (First): Rolla

b. (Middle): Reeves (Jiggs)

c. (Last): Harris

4. DATE OF DEATH (Month) (Day) (Year): May 31 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: January 18, 1895

9. AGE (In years last birthday): 72 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Chief Clerk 10

10b. KIND OF BUSINESS OR INDUSTRY: Railroad

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Darwin Rolla Harris — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Martha Euphemia Lutz — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 712 05 1234

17. INFORMANT'S OWN SIGNATURE: Marie S. Harris — ADDRESS: Idaho Falls

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X (1) Uremia — INTERVAL BETWEEN ONSET AND DEATH: 6 Mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) (2) Ch Nephritis — 7 years

DUE TO (c) (3) Hemorroids, Ext. + hemorrhage — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* (4) Diabetes Mellitus — 20 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19__ *to* May 31, 1967, *that I last saw the deceased alive on* May 31 67 *and that death occurred at* 1:45 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): R E Guyett MD 194

23b. ADDRESS: Idaho Falls Ida

23c. DATE SIGNED: June 23 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/3/67

24c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery

24d. LOCATION (City, town, or county) (State): Idaho Falls Idaho

DATE REC'D BY LOCAL REG.: July 6-1967

REGISTRAR'S SIGNATURE: Anna Bridger

25. EMBALMER: Ralph M. Wood — LICENSE NO.: 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DEC 12 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2446
Local Reg. No. 167
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (If in hospital or institution)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 401 Sykes Drive

3. NAME OF DECEASED (Type or Print)
a. (First) Jennifer
b. (Middle) Lynn
c. (Last) DeYoung

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) infant 1
8. DATE OF BIRTH June 5, 1967
9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days; IF UNDER 24 HRS. Hours Min. 2

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None 02
10b. KIND OF BUSINESS OR INDUSTRY none
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Donald Ray DeYoung
BIRTHPLACE Salt Lake City, Ut.
14. MOTHER'S MAIDEN NAME Marjorie Katheryn Thalman
BIRTHPLACE SLC, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) X (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Marjorie DeYoung
ADDRESS Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity 7615

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Premature ~~rupture~~ separation of placenta
DUE TO (c) unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Premature labor

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 5, 1967, *to* June 5, 1967, *that I last saw the deceased alive on* June 5, 1967, *and that death occurred at* 8:04 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE Lyton D. Robison MD 612 (Degree or title) 1
23b. ADDRESS Idaho Falls, Idaho
23c. DATE SIGNED 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Cremation 2
24b. DATE 6-5-67
24c. NAME OF CEMETERY OR CREMATORY Private
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 20-67
REGISTRAR'S SIGNATURE Anna Budger
25. EMBALMER Leo A. Williams
LICENSE NO. E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-5405

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2447
Local Reg. No. 154
Reg. Dist. No. 610

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 154
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. STATE OF BIRTH (In this place) 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 202 - 3rd Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CLAUD	RAYMOND	BLACK	June 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Dec. 5, 1890	76				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
civil engineer 08	city gov't.	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William W. Black	Kansas	Lucy Foster	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
yes	W.W.I 3		William W. Black	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 2/1, 1967, *to* 6/6, 1967, *that I last saw the deceased alive on* 6/6, 1967, *and that death occurred at* 5:30P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 546 (Degree or title)	Idaho Falls, Ida	6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 9, 1967	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 20 '67	[signature]	[signature]	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 18 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 20 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2448
Local Reg. No. 155
Reg. Dist. No. 610

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls.
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Bingham
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): 405 S. Milton Shelley, Idaho
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Oscar		Oler	June 6 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	26 Oct 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 54
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): American Fork Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Oler	Penn	Mary Squires	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): ———
(If yes, give war or dates of service): ———
16. SOCIAL SECURITY NO. 519-05-5883
17. INFORMANT'S OWN SIGNATURE: M. J. Oler ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebrovascular Thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Infarction - earlier -

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ——, 1953, *to* 6-6, 1967, *that I last saw the deceased alive on* 6-6, 1967, *and that death occurred at* 6:30 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 4/B MD	Shelley, Idaho	6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 June 1967	Hill crest	Shelley, Bingham Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 19-1967	Anna Bridges	Lloyd M. Nalder [signature]	E-275

FIRM NAME: Nalder Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 24 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2449
Local Reg. No. 75
Reg. Dist. No. 6/0

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 10 Bonneville 201
b. CITY OR TOWN: Idaho Falls
c. LENGTH OF STAY (If hospital or institution): 35 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 300
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location): 7

3. NAME OF DECEASED (Type or Print): a. (First) KENNETH b. (Middle) PERRY c. (Last) CARTER

4. DATE OF DEATH: (Month) June (Day) 7, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 2

8. DATE OF BIRTH: Nov., 10, 1919

9. AGE (In years last birthday): 47 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logger and Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Warm River, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: J. Lester Carter — BIRTHPLACE: Mt. Pleasant, Utah

14. MOTHER'S MAIDEN NAME: Carrie E. Johnson — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes | (If yes, give war or dates of service): WW II 4

16. SOCIAL SECURITY NO.: 712-10-1966

17. INFORMANT'S OWN SIGNATURE: x Mrs J. L. Carter — ADDRESS: Salmon, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1637

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Lung metastatic — INTERVAL BETWEEN ONSET AND DEATH: Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5/4, 1967, *to* 6/6, 1967, *that I last saw the deceased alive on* 6/6, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 546 (Degree or title)

23b. ADDRESS: Idaho Falls, Ida

23c. DATE SIGNED: 6/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 10 June 67

24c. NAME OF CEMETERY OR CREMATORY: Wilford Cemetery

24d. LOCATION (City, town, or county) (State): St. Anthony, RFD #1, Idaho

DATE REC'D BY LOCAL REG.: Jun 19 '67

REGISTRAR'S SIGNATURE: Anna Bridges

25. EMBALMER: M. L. Hansen — LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 21 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2450
Local Reg. No. 166
Reg. Dist. No. 610

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1390 Sage

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): J. (Bill)
c. (Last): Horne

4. DATE OF DEATH (Month) (Day) (Year): June 8 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: December 11, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer & Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming & Ranching
11. BIRTHPLACE (State or foreign country): Point Lookout, Utah
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Horne — BIRTHPLACE: England
14. MOTHER'S MAIDEN NAME: Christina Davidson — BIRTHPLACE: England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 568248579A
17. INFORMANT'S OWN SIGNATURE: X J. S. Horne — ADDRESS: Bountiful, Ut.

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): congestive heart failure — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): myocardial infarction — 4 days
DUE TO (c): —

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 weeks, 19__, *to* 6-8-67 death, 19__, *that I last saw the deceased alive on* 6-7, 1967 *and that death occurred at* 8 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A. Wm Brunt Jr. MD 633
23b. ADDRESS: Idaho Falls
23c. DATE SIGNED: 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/10/67
24c. NAME OF CEMETERY OR CREMATORY: Albion Cemetery
24d. LOCATION (City, town, or county) (State): Albion Idaho

DATE REC'D BY LOCAL REG.: June 29-67
REGISTRAR'S SIGNATURE: Anna Bredges
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Joe Hatch

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2451
Local Reg. No. 169
Reg. Dist. No. 610

BIRTH NO.

JUL 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 600 N. Holmes Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Josephine
b. (Middle) Stokes
c. (Last) Soelberg

4. DATE OF DEATH (Month) (Day) (Year) June 8, 1967

5. SEX Female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH May 4, 1922
9. AGE (In years last birthday) 45 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Bothwell, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME La Von Stokes — BIRTHPLACE Bothwell, Box Elder Co. Utah
14. MOTHER'S MAIDEN NAME Nannah Cash — BIRTHPLACE Benson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Nannah Stokes — ADDRESS Idaho Falls, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1533

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Metastatic Carcinoma — 1 year

DUE TO (c) Carcinoma of Sigmoid — 1½ years

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* July, 1966 *to* 8 June, 1967 *that I last saw the deceased alive on* 8 June, 1967, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Joseph M Hatch M.D. (Degree or title) 211
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 23 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 28-67
REGISTRAR'S SIGNATURE Anna Bridges
25. EMBALMER Leo A. Williams
LICENSE NO. E-319

Federal Security Agency
United States Public Health Service

Form DH-63020

FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 7 1967

APR 4 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2452
Local Reg. No. 135
Reg. Dist. No. 610

BIRTH NO.

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 10/ Bonneville — JUL 6 1967 — 000
b. CITY OR TOWN (If outside corporate limits, write township) Idaho Falls — c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 10/ — b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 205 8th St.

3. NAME OF DECEASED (Type or Print) — a. (First) George — b. (Middle) — c. (Last) Hoopes

4. DATE OF DEATH (Month) (Day) (Year) June 9, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	single	Nov 11, 1949	18				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dan B. Hoopes — BIRTHPLACE Teton Co. Idaho
14. MOTHER'S MAIDEN NAME Verna Grimmett — BIRTHPLACE Blackfoot, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Verna Grimmett — ADDRESS Idaho Falls

18. CAUSE OF DEATH 8454
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) accident — INTERVAL BETWEEN ONSET AND DEATH
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) abdominal - chest & brain — 3 hrs
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident motor cycle
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) 13 **(COUNTY)** **(STATE)**
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Auto - motorcycle accident

22. *I hereby certify that I attended the deceased from* 1949, 19__, *to* June, *1967, that I last saw the deceased alive on* 6-8, *1967, and that death occurred at* 9 a. m., *from the causes and on the date stated above.*

23a. SIGNATURE John S Holter 210 (Degree or title) MD
23b. ADDRESS Idaho Falls Idaho
23c. DATE SIGNED 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. June 28-67
REGISTRAR'S SIGNATURE Grace Rudges
25. EMBALMER Leo A Williams
LICENSE NO. E-319
FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2453
Local Reg. No. 195
Reg. Dist. No. 610

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 268 Pine St.

3. NAME OF DECEASED (Type or Print)
a. (First) JESSIE
b. (Middle) E.
c. (Last) CODDING

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Feb. 16, 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Mass.
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Edwards — BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Sarah Davies — BIRTHPLACE Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 262-80-1033
17. INFORMANT'S OWN SIGNATURE X James W. Eddings — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: wks.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) abd (Bowel) obst — wks.
DUE TO (c) Metastatic Carcinoma Breast.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION June 66
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 66, 19__, *to* Death, 19__, *that I last saw the deceased alive on* 10 Jun 1967, *and that death occurred at* 10:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE Thomas K. [illegible] 230 (Degree or title)
23b. ADDRESS 539 - 2nd St
23c. DATE SIGNED 30 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Fielding Mem. Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Idaho

DATE REC'D BY LOCAL REG. July 17-1967
REGISTRAR'S SIGNATURE Anna Bredger
25. EMBALMER R. W. Madland
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

FEB 5 1968

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

H. 225, Sec. 8

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2454
Local Reg. No. 196
Reg. Dist. No. 616

RECEIVED JUL 21 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 327 E. 14th St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	STYNA	GREYN	SIMS	June 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	married 3	May 4, 1918	49				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 01	own home	Montana	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Berbrand Greyn	Holland	Lyntje DeWinter	Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		X Peter B Sims	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1350 Adenocarcinoma of Ovary with metastasis. — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute bowel obstruction.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
10/10/66	Adenocarcinoma of Ovary with Ascites	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* July, 1966 *to* June 11, 1967, *that I last saw the deceased alive on* June 11, 1967, *and that death occurred at* 7:20P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
X Wesley Singer 359	544-4th St. Idaho Falls, Idaho	July 7, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 14, 1967	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17-1967	Anne Burgess	K. H. Maddock	E-668

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 8 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 25 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Initial m.p.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2455
Local Reg. No. 162
Reg. Dist. No. 6/0

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 10/ Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN THIS PLACE (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Green Chalet Rest Home 308

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 22/
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) LURA b. (Middle) HOWARD c. (Last) WOOD HJORT

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widow 2	July 6, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 07		Hooper, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Wm. Riley Howard	Chatauga, New York	Tirza Warner	Albany, N. Y.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No.		518-07-9346	Mrs. J. Roy Peterson	Idaho Falls, Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5-400

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Bleeding Peptic Ulcer — 2 mnths
DUE TO (c) Senility & ~~Arteriosclerosis~~ arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1960, *to* June, 1967, *that I last saw the deceased alive on* 11 June, 1967, *and that death occurred at* 1 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph M Hatch MD	Idaho Falls, Idaho	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	13 June 67	Riverview Cemetery	St. Anthony, RFD, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 21-1967	Emma Bridges	M L Hansen	E.354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2456
Local Reg. No. 177
Reg. Dist. No. 610

RECEIVED JUL 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 10/Bonneville 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 41 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 10/ Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 129 West 18th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Mabel
b. (Middle) E.
c. (Last) Gould

4. DATE OF DEATH (Month) June (Day) 13 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH May 16, 1892

9. AGE (In years last birthday) 75
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY Own Home

11. BIRTHPLACE (State or foreign country) Black Hills, South Dakota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George H. Dodson
BIRTHPLACE USA

14. MOTHER'S MAIDEN NAME Olive Martha Elliot
BIRTHPLACE USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S OWN SIGNATURE Glenn E. Gould
ADDRESS Idaho Falls, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Metastatic Carcinoma of 1992
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gall Bladder, Liver, and Mesentery
DUE TO (c)

INTERVAL BETWEEN ONSET AND DEATH: (a) ? (b) (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION Given above

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 2, 19 67, *to* 6-13, 19 67, *that I last saw the deceased alive on* 6-13, 19 67 *and that death occurred at* 11:35P m., *from the causes and on the date stated above.*

23a. SIGNATURE T. C. Erickson M.D. 761 (Degree or title)

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/17/67

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. 6-22-1967

REGISTRAR'S SIGNATURE Emma Bridges

25. EMBALMER Ralph M. Wood

LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6903-a

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 31 1980

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2457
Local Reg. No. 763
Reg. Dist. No. 610

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1542 Westland Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 1542 Westland Ave

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cornelia	Elizabeth(Suzie)	Criddle	June 13 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	December 24, 1921	45				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Kelly, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
E. VanLeerdam	Holland	Cornelia DeBruin	Holland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 38 7231	Ralph T. Criddle	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

1750

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Ovaries with

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) metastasis.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
11-12-66	Bowel obstruction at caecum - Metastasis, caecum-liver Carcinoma of ovaries	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-15, 1966, *to* 6-13, 1967, *that I last saw the deceased alive on* 6-13, 1967, *and that death occurred at* 2:15 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hoyt B. Woolley	M.D.	Idaho Falls, Idaho	6/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/17/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 23-67	Emma Rudge	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

MAY 14 2014

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JUL 18 1967 STATE OF IDAHO

Bureau of Vital Statistics

State File No. 2458
Local Reg. No. 183
Reg. Dist. No. 610

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 10 Bonneville 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY IN (Hospital or Institution) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260
b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rigby
d. STREET ADDRESS (If rural, give location) 134 East 2nd North Street

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last): CHARLOTTE (LOTTIE) WATERS

4. DATE OF DEATH (Month) (Day) (Year): June 14, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months / Days	IF UNDER 24 HRS. Hours / Min.
Female	White	Widowed 2	Apr. 10, 1887	80		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Homemaker 01	Home	Harrisville, Utah.	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Hix	Calif.	Emma Idell Innes	Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-12-5568-A	Leone Randall	RT #2 IDAHO FALLS IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Gastric Hemorrhage	2 weeks
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Miliary Granuloma, undetermined Etiology.	6 weeks +
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerotic Heart Disease	years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None performed	YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 9-16, 1958, *to* 14 June, 1967, *that I last saw the deceased alive on* 13 June, 1967, *and that death occurred at* 5:10A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Asael Hall 522	M.D. 1	Rigby, Idaho.	16 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16, 1967	Pioneer	Rigby Jefferson Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR	ADDRESS
July 10-67	Anna Burgess	Bruce A. Eckersell	Rigby, Ida.

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-480.21

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho on June 14, 1967

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2459
Local Reg. No. 177
Reg. Dist. No. 6/0

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 01 Bonneville 304
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 01 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 457 Broadway

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) H. c. (Last) Platt

4. DATE OF DEATH (Month) June (Day) 16 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH January 19, 1912

9. AGE (In years last birthday) 54 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer 06

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (State or foreign country) Morgan, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George William Platt
BIRTHPLACE Utah

14. MOTHER'S MAIDEN NAME Rose Anna Croft
BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II 4

16. SOCIAL SECURITY NO. Unknown

17. INFORMANT'S OWN SIGNATURE Claude Platt (By telephone)
ADDRESS Burley, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) acute and chronic alcoholism. — 5 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

3220

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12-, 19 67, *to* 6-16-67, 19____, *that I last saw the deceased alive on* 6-15-, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE John H. Platt MD (Degree or title)

23b. ADDRESS 825 S. Blvd. Idaho Falls, Idaho

23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6/20/67

24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery

24d. LOCATION (City, town, or county) Idaho Falls (State) Idaho

DATE REC'D BY LOCAL REG. June 29-67

REGISTRAR'S SIGNATURE Anna Rudgers

25. EMBALMER Ralph M. Wood Ralph M. Wood

LICENSE NO. 413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2460
Local Reg. No. 167
Reg. Dist. No. 610

RECEIVED JUL 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 1470 Custer

3. NAME OF DECEASED (Type or Print) a. (First) Roy b. (Middle) c. (Last) Nelson

4. DATE OF DEATH (Month) (Day) (Year) June 16, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3

8. DATE OF BIRTH Sept 6, 1897

9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Weston, Idaho

12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME John A. Nelson BIRTHPLACE Sweden

14. MOTHER'S MAIDEN NAME Mary Simpson BIRTHPLACE England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Marie J. Nelson ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4291

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary occlusion
DUE TO (c) Arteriosclerotic heart disease

INTERVAL BETWEEN ONSET AND DEATH: Minutes few years.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October *19*60 *to* 16 June *19*67, *that I last saw the deceased alive on* 13 June *19*67 *and that death occurred at* 1:20 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Joseph M Kobb (Degree or title) MD

23b. ADDRESS 16 Jun 67 Idaho Falls Idaho

23c. DATE SIGNED 23 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Bur

24b. DATE June 20, 1967

24c. NAME OF CEMETERY OR CREMATORY Weston Cemetery

24d. LOCATION (City, town, or county) (State) WEston, Idaho

DATE REC'D BY LOCAL REG. June 28 67

REGISTRAR'S SIGNATURE Emma Rudges

25. EMBALMER Leo A. Williams LICENSE NO. E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2461
Local Reg. No. 170
Reg. Dist. No. 610

BIRTH NO.

JUL 6 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 mo. 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 100 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iona
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Thomas	A.	Sayer		June	16	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	June 14, 1883	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rancher & Stockman 04	Ranching & Stock	Hooper, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Alma Sayer	England	Mary Ellen Jones	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Glenn R Sayer	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 1778 Pancytopenia - Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: Weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Metastatic Prostate Ca — Years

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, 1962, *to* present, *that I last saw the deceased alive on* 16 June, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hymo Hoff 230	MD	539 - 2nd St	21 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/19/67	Rigby Pioneer Cemetery	Rigby Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29-67	Anna Burgess	Ralph M. Wood Ralph M Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 12 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 18 1973

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to -

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2462
Local Reg. No. 72
Reg. Dist. No. 610

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 108
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 483 West 16th Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 101 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 483 West 16th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Daniel	Wesley	Ball	June	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	December 25, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Ammon, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Ball	North Carolina	Lumana Shurtliff	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 20 0799	Mary Ball	Idaho Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Myocardial infarction 4201	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASHD	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. H. Baker M.D.	Idaho Falls, Ida	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/22/67	Iona Cemetery	Iona Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 22 67	Anna Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2463
Local Reg. No. 174
Reg. Dist. No. 670

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 101 Bonneville — JUL 6 1967 — 308 — Bureau of Vital Statistics

b. CITY OR TOWN: Idaho Falls

c. LENGTH OF STAY in this place: 8 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho

b. COUNTY: 101 Bonneville

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls

d. STREET ADDRESS (If rural, give location): 645 10th Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Joseph		Bitter	June	18	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	August 23, 1864	102				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 84	Farming	Salt Lake City, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Traugott Bitter	Germany	Willhelmina Aust	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 60 6150J	George E. Bitter	Idaho Falls, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerotic disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Old age 102 yrs old

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1942 *to* June 18, 1967, *that I last saw the deceased alive on* June 15, 1967 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milton T. Roos	432 M.D.	1448 N. Connor Ave Idaho Falls	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/18/67	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29-67	Anna Bridges	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2464
Local Reg. No. 773
Reg. Dist. No. 610

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
LENGTH OF STAY (in this place) 2 1/2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) LDS Extended Care Unit 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 100 Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Iona
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Sophia		Wilde	June	19	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	November 11, 1876	90				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Denmark	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Peter Nelson	Denmark	Margaret Hausner	Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Orval Forbes	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic Pneumonia	2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	Years
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Senility.	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
	None Performed	YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Nov. 27, 1966, *to* 19 June, 1967, *that I last saw the deceased alive on* 19 June, 1967, *and that death occurred at* 3:00 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Asael Hall, 522 (Degree or title) M.D.	Rigby, Idaho	22 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/22/67	Iona Cemetery	Iona Bonneville Co. Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29-67	Irma Rudges	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2465
Local Reg. No. 178
Reg. Dist. No. 610

RECEIVED
JUL 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 10/Bonneville 301
b. CITY OR TOWN Idaho Falls
DURATION OF STAY (In this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ririe
d. STREET ADDRESS (If rural, give location) Box 363 625 2nd East

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Lillian	Ruth	Summers	June	21	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 28, 1898	68				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Own Home	Pontypridd, Wales	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ernest Jesse Keveren	Wales	Beatrice Bower	Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 22 2989	Owen B. Summers	Ririe, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	36 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Hypertensive Cardio Vascular disease	years
DUE TO (c)	Diabetes Mellitus	years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Gout.	1 year

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* Oct 66 *to* 21 June 19 67 *that I last saw the deceased alive on* 21 June 19 67 *and that death occurred at* 5 pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D. Goddard MD		Idaho Falls, Idaho	30 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county)	(State)
Burial	6/24/67	Rigby Pioneer Cemetery	Rigby	Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 3-1967	Anna Burgess	Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2466
Local Reg. No. 197
Reg. Dist. No. 610

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 120
b. COUNTY Butteville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural, Howe
d. STREET ADDRESS (If rural, give location) 5 mi. N.E. of Howe

3. NAME OF DECEASED (Type or Print)
a. (First) DAN
b. (Middle) HASTINGS
c. (Last) LEVAN

4. DATE OF DEATH (Month) (Day) (Year) June 24, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Jan. 4, 1895
9. AGE (In years last birthday) 72 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) ranger, ret. 08
10b. KIND OF BUSINESS OR INDUSTRY forest service
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Dan LeVan — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Mary L. Jessie — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W. I 3
16. SOCIAL SECURITY NO. 519-42-2092A
17. INFORMANT'S OWN SIGNATURE Mary W. LeVan — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-16, 1964, *to* 6-24, 1967, *that I last saw the deceased alive on* 6-23, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE John S McMullen 348 (Degree or title) MD 1
23b. ADDRESS 550 Fourth St
23c. DATE SIGNED 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE June 28, 1967
24c. NAME OF CEMETERY OR CREMATORY Dubois Cemetery
24d. LOCATION (City, town, or county) (State) Dubois, Idaho

DATE REC'D BY LOCAL REG. July 17-1967
REGISTRAR'S SIGNATURE Anna Bredges
25. EMBALMER R. W. Maddock
LICENSE NO. E-468

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Buck Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 24 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2467
Local Reg. No. 164
Reg. Dist. No. 611

BIRTH NO.

RECEIVED JUL 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 100 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Palisades
c. LENGTH OF STAY (in this place) 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway 26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 107
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 660 Winston Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) JOE
b. (Middle) (nmi)
c. (Last) DEJOLIE

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	indian	married 3	Dec. 30, 1940	26				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
metal worker 21	sheet metal shop	Arizona	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Bob DeJolie	Arizona	Florence Curley	Arizona

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none		Josephine DeJolie	Idaho Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TRAUMATIC HEAD AND SKULL INJURIES & FRACTURE — INTERVAL BETWEEN ONSET AND DEATH: INSTANT

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) DUE TO A PEDESTRIAN-TRUCK ACCIDENT HIGHWAY 26 NEAR PALISADES INN.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* BLOOD ALCOHOL - 2.75 mg/cc

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	HIGHWAY # 26 06	IDAHO FALLS 13	BONNEVILLE 07	IDAHO

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY Ooccur?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* _____, *19*____, *to* _____, *19*____, *that I last saw the deceased alive on* _____, *19*____, *and that death occurred at* _____ A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hazel L. McGaffey HAZEL L. McGAFFEY, M. D.	2525 SOUTH BOULEVARD, IDAHO FALLS IDAHO	7/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 28, 1967	Kaibeto Cemetery	Kabieto, Arizona

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 17-1967	Anna Budge	G. W. Buck	E-468

FIRM NAME: Buck Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 25 1967

AUG 2 1967

AUG 16 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

Coroner

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2468
Local Reg. No. 165
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville County 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls, Idaho
c. LENGTH OF STAY (in this place): 7 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latter Day Saints - Idaho Falls

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah 45
b. COUNTY: 555 Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan, Utah
d. STREET ADDRESS (If rural, give location): 484 No. 3rd. East

3. NAME OF DECEASED (Type or Print)
a. (First): Virginia
b. (Middle): Everett
c. (Last): Daniels

4. DATE OF DEATH (Month) 6 (Day) 25 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: AS
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Nov. 1, 1888
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher 12
10b. KIND OF BUSINESS OR INDUSTRY: Education
11. BIRTHPLACE (State or foreign country): New Brunswick Co., Virginia
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: Nicholas Edward Daniels
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Sarah Ann Pritchett

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 529-46-4518-A
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Thomas W. Matthews, 333 So. 3rd East, Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1760 [illegible] — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) [illegible]
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 25, 1967 *to* June 25, 1967 *that I last saw the deceased alive on* June 25, 1967, *and that death occurred at* 0800 *m., from the causes and on the date stated above.*

23a. SIGNATURE [illegible] 339 (Degree or title) — **23b. ADDRESS** [illegible] — **23c. DATE SIGNED** 6/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): 0
24b. DATE: 6/29/67
24c. NAME OF CEMETERY OR CREMATORY: Logan Cemetery
24d. LOCATION (City, town, or county) (State): Logan, Utah Cache County

DATE REC'D BY LOCAL REG.: June 29-67
REGISTRAR'S SIGNATURE: Anna Budgeo
25. EMBALMER: Daley L. Nalder — LICENSE NO. E-444

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nalder

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2469
Local Reg. No. 189
Reg. Dist. No. 610

RECEIVED JUL 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Forebay of Snake River (Keefer Island)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 3411 Samuel

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Michael	Peter	Goodell	June	25	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married 1	May 1, 1951	16				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	High School	Pocatello, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Cyril F. Goodell	Iowa	Christa Fisher	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 56 3441	Cyril F Goodell	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) DROWNING, ACCIDENTAL — INTERVAL BETWEEN ONSET AND DEATH: MINUTES

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* NONE

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT 1	SNAKE RIVER, FOREBAY	IDAHO FALLS	BONNEVILLE	IDAHO

21d. TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
			m.		

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Physician or Coroner)	23b. ADDRESS	23c. DATE SIGNED
HAZEL L. MCCAFFEY, M.D. CORONER 4	2525 SOUTH BOULEVARD, IDAHO FALLS	7/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/5/67	Rose Hill Cemetery	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10-1967	Anna Burgess	Ralph M. Wood Ralph M. Wood	413

FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 2 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 30 2009

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Sept 28, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2470
Local Reg. No. 190
Reg. Dist. No. 610

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) L.D.S. Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 45 Utah
b. COUNTY 555 Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Logan
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Ruth
b. (Middle) Porritt
c. (Last) Petersen

4. DATE OF DEATH (Month) (Day) (Year) June 26, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH July 25, 1892

9. AGE (In years last birthday) 74
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Clifton, Idaho

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Nathaniel Porritt
BIRTHPLACE Franklin, Idaho

14. MOTHER'S MAIDEN NAME Mary Susan Hattaway
BIRTHPLACE Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Mrs. Lee Nielson
ADDRESS Ririe

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

57055

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesions — 12 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-13, 19 66, *to* 6-26, 19 67, *that I last saw the deceased alive on* 6-26, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE P. Blair Ellsworth, M.D. 156 (Degree or title)

23b. ADDRESS Idaho Falls, Idaho

23c. DATE SIGNED 7-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Rem & Bur 3

24b. DATE June 28, 1967

24c. NAME OF CEMETERY OR CREMATORY Brigham City Cemetery

24d. LOCATION (City, town, or county) (State) Brigham City, Utah

DATE REC'D BY LOCAL REG. July 17, 1967

REGISTRAR'S SIGNATURE Anna Bridges

25. EMBALMER Leo A. Williams

LICENSE NO. E-319

FIRM NAME: Williams Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED

SEP 21 1967

State of Utah
County of Box Elder } ss.

Certificate No. Death

Date Filed 67-2470

The undersigned does solemnly swear that certain facts on the certificate of Death (Birth or Death)

for Ruth Porrett Peterson (Name on Original Certificate) who died (Was Born or Died) on June 26, 1967 (Date of Event)

in Idaho Falls, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by ..... (Bible Record, Insurance Policy, Etc.) prepared on ..... (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
Name of Deceased	Ruth Porrett Peterson	Ruth Porritt Petersen
Date of birth & age	July 25,1897- age 69	July 25,1892 - age 74
Father's Name	Nathaniel Porrett	Nathaniel Porritt
Mother's Maiden Name	Merry Susan Hattaway	Mary Susan Hattaway
Birthplace	Utah	Georgia

Subscribed and sworn to before me this 19th day of September, 1967

Reed W. Hadfield

Notary Public, residing at Brigham City, Utah

My commission expires Jan 8, 1970

(Seal)

Signed Coy Hadfield

(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

674 Cherry Dr. Brigham City, Utah

(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Utah
County of Box Elder } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 19th day of September, 1967

Reed W. Hadfield

Notary Public, residing at Brigham City, Utah

My commission expires Jan 8, 1970

(Seal)

Signed Delbert Hadfield

(Signature of Any Credible Person)

674 Cherry Dr. Brigham City Ut.

(Street Address, City, State)

FORM DH 60-155

L. 9-7-67 AP

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

Death

67-2470

Death

Ruth Porrett Peterson died June 25, 1967

Idaho Falls, Idaho

are

TO

Ruth Porrett Peterson

July 25, 1892 - age 74

Mary Susan Mattaway

Georgia

Ruth Porrett Peterson

July 25, 1897 - age 69

Henry Susan Mattaway

Utah

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of

County

Subscribed and sworn to this

Signed

Notary Public

Robinson Elbwood

Certificate of Death

STATE OF IDAHO

State File No. 2470
Local Reg. No. 190
Reg. Dist. No. 610

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bonneville
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): L.D.S. Hosptal

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Utah
b. COUNTY: Box Elder
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Logan
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Ruth
b. (Middle): Porrett
c. (Last): Peterson

4. DATE OF DEATH (Month) (Day) (Year): June 26, 1967

5. SEX: femalw
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: July 25, 1897
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 9, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Clifton, Idaho
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: Nathaniel Porrett — BIRTHPLACE: Franklin, Ida.
14. MOTHER'S MAIDEN NAME: Merry Susan Hattaway — BIRTHPLACE: Tremonton, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Mrs Lee Nielsen — ADDRESS: Lirei

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

5705

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Adhesions — 12 hrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Idaho Falls, Bonneville, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 5-13, 1966, *to* 6-26, 1967, *that I last saw the deceased alive on* 6-26, 1967, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

22a. SIGNATURE (Degree or title): X [signature]
23b. ADDRESS: Idaho Falls, Idaho
23c. DATE SIGNED: 7-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem & Bur
24b. DATE: Jule 28, 1967
24c. NAME OF CEMETERY OR CREMATORY: Brigham City Cemetery
24d. LOCATION (City, town, or county) (State): Brigham City, Utah

DATE REC'D BY LOCAL REG.: July 17-67
REGISTRAR'S SIGNATURE: Anna Bridges
25. EMBALMER: Leo A. Williams
LICENSE NO.: E-319

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Williams Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

AUG 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 8 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 9 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

OCT 9 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2471
Local Reg. No. 180
Reg. Dist. No. 610

Certificate of Death

RECEIVED
JUL 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 101 Bonneville 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 375 East Anderson 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 101
b. COUNTY: Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Idaho Falls
d. STREET ADDRESS (If rural, give location): 375 East Anderson

3. NAME OF DECEASED (Type or Print)
a. (First): Louise
b. (Middle):
c. (Last): Kelley

4. DATE OF DEATH (Month) (Day) (Year): June 26 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: January 1, 1926
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Idaho Falls, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ruben A. Waters — BIRTHPLACE: Idaho
14. MOTHER'S MAIDEN NAME: Emma Pugmire — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: John Kelley — ADDRESS: Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1967 *to* 6-26, 1967, *that I last saw the deceased alive on* 6-22, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: John McMillen 348 (Degree or title) MD
23b. ADDRESS: 550 Fourth Street
23c. DATE SIGNED: 6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/30/67
24c. NAME OF CEMETERY OR CREMATORY: Ammon Cemetery
24d. LOCATION (City, town, or county): Ammon — (State): Idaho

DATE REC'D BY LOCAL REG.: July 7-1967
REGISTRAR'S SIGNATURE: John McMillen
25. EMBALMER: Ralph M. Wood — Ralph M. Wood
LICENSE NO.: 413
FIRM NAME: Wood Funeral Home

Federal Security Agency
United States Public Health Service
Form 101-63021
Registrar — Anna Bridges

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 8 1957

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 4 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

67-5469
BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

JUL 12 1967

Bureau of Vital Statistics

State File No. 2472
Local Reg. No. 981
Reg. Dist. No. 610

1. PLACE OF DEATH
a. COUNTY 101 Bonneville 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
c. LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Latter Day Saints Hospital 042

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls
d. STREET ADDRESS (If rural, give location) 964 Division

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Jennifer	Sharon	Kofoed	June 27 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	June 20, 1967			7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None	Idaho Falls, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sheril L. Kofoed	USA	Sharon Christensen	USA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Sheril L. Kofoed	Idaho Falls, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7735

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyaline membrane disease — INTERVAL BETWEEN ONSET AND DEATH: 7 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity — 〃
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bronchopneumonia

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 20 June, 1967, *to* 27 June, 1967, *that I last saw the deceased alive on* 26 June, 1967, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. K. Rechard M.D.		Idaho Falls, Idaho	7-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/29/67	Fielding Memorial Park	Idaho Falls Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 7 1967	Lenore Rudger	Ralph M. Wood Ralph M. Wood	413

FIRM NAME Wood Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECF

Certificate of Death

STATE OF IDAHO

State File No. 2473
Local Reg. No. 876
Reg. Dist. No. 6/0

BIRTH NO.

JUL 21 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 100 Bonneville 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonneville
c. LENGTH OF STAY (in this place) 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Sacred Heart Hospital 043

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 101 b. COUNTY Bonneville
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Idaho Falls,
d. STREET ADDRESS (If rural, give location) 1240 1st St.,

3. NAME OF DECEASED (Type or Print) a. (First) ARA b. (Middle) ANDRUS c. (Last) WALL

4. DATE OF DEATH (Month) June (Day) 30 (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH April 25 1900

9. AGE (In years last birthday) 67 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Presto, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A

13. FATHER'S NAME Milon D Andres BIRTHPLACE Wis.

14. MOTHER'S MAIDEN NAME Margaret Federer BIRTHPLACE Wis.,

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 520-14-4470A

17. INFORMANT'S OWN SIGNATURE Milon A Wall ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 month.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 30, *19* 67, *to* June 30, *19* 67, *that I last saw the deceased alive on* June 30 *1967*, *and that death occurred at* 7:10 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE 294 L. K. Krantz, M.D. (Degree or title)

23b. ADDRESS 798 South Blvd. Idaho Falls, Idaho

23c. DATE SIGNED July 20, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) 3 Removal

24b. DATE July 2-1967

24c. NAME OF CEMETERY OR CREMATORY Rawlins

24d. LOCATION (City, town, or county) Rawlins (State) Wyoming

DATE REC'D BY LOCAL REG. July 13-67

REGISTRAR'S SIGNATURE Anna Rudges

25. EMBALMER L.M.Nalder Lloyd M Nalder

LICENSE NO. E-275

FIRM NAME: Nalder's Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2474
Local Reg. No. 24-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 110 Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
c. LENGTH OF STAY (In this place) 4 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Myrtle Creek 404 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 116
b. COUNTY Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonners Ferry
d. STREET ADDRESS (If rural, give location) Route #1

3. NAME OF DECEASED (Type or Print)
a. (First) GREGORY
b. (Middle) ALLEN
c. (Last) SMITH

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: March 28, 1958
9. AGE (In years last birthday): 9 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: Grade School
11. BIRTHPLACE (State or foreign country): Long Beach, California
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Raymond C. Smith — BIRTHPLACE: Garland, Utah
14. MOTHER'S MAIDEN NAME: Shirley Howard — BIRTHPLACE: Sacramento, California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Raymond C. Smith — ADDRESS Bonners Ferry Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation by drowning — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Myrtle Creek
21c. (CITY, TOWN, OR TOWNSHIP) Bonners Ferry (COUNTY) Boundary (STATE) Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 10, 1967 4:30P
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? 9 yr old boy walked unto bridge. Plank broke. fell in water

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: C M Callahan (Degree or title): Coroner
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 6/12/67
REGISTRAR'S SIGNATURE:
25. EMBALMER: [signature]
LICENSE NO. E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2475
Local Reg. No. 25-67
Reg. Dist. No. 100

RECEIVED JUN 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 309
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 9 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moyie Springs
d. STREET ADDRESS (If rural, give location): Curley Creek

3. NAME OF DECEASED (Type or Print)
a. (First): HOMER
b. (Middle): WILLIS
c. (Last): COOPER

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: July 4, 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Agriculture
11. BIRTHPLACE (State or foreign country): Mankota, Kansas
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Winfield S. Cooper — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Lettie A. Walker — BIRTHPLACE: New York

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-60-9231
17. INFORMANT'S OWN SIGNATURE: J. Wesley Cooper — ADDRESS: Moyie Springs, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1966, *to* 6/17, 1967, *that I last saw the deceased alive on* 6/17, 1967, *and that death occurred at* 1 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 153 (Degree or title) MD
23b. ADDRESS: Bonners Ferry Ida
23c. DATE SIGNED: 6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/21/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county): Bonners Ferry (State): Idaho

DATE REC'D BY LOCAL REG.: 6/24/67
REGISTRAR'S SIGNATURE: Phoyla Stone
25. EMBALMER: [signature]
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2476
Local Reg. No. 26-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): Minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA at Community Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): P. O. Box #877

3. NAME OF DECEASED (Type or Print)
a. (First): JOSEPH
b. (Middle): RAYMOND
c. (Last): WOMBACHER

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 15, 1916
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Salesman 24
10b. KIND OF BUSINESS OR INDUSTRY: Automotive
11. BIRTHPLACE (State or foreign country): Haxley, Montana
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Raymond Wombacher — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Blanche Williams — BIRTHPLACE: Montana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 519-05-5107
17. INFORMANT'S OWN SIGNATURE: Alma C. Wombacher — ADDRESS: Bonners Ferry, Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Complete Coronary Occlusion of Anterior Branch, Left Descending Coronary Artery — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Coronary Artery
DUE TO (c): Severe Arteriorsclerosis — Years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* INVESTIGATION & AUTOPSY, *19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE: C. McCallahan 583 (Degree or title): Coroner 4
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 6/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/22/67
24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery
24d. LOCATION (City, town, or county) (State): Bonners Ferry, Idaho

DATE REC'D BY LOCAL REG.: June 27, 1967
REGISTRAR'S SIGNATURE: Virgla Stone
25. EMBALMER: Charles Modane
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 30 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JAN 8 1974

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2477
Local Reg. No. 27-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Boundary 110 302
b. CITY OR TOWN: Bonners Ferry
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION: Community Hospital 047

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 110
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): Star Route #1

3. NAME OF DECEASED (Type or Print): a. (First) IRVEN b. (Middle) DALE c. (Last) ABBOTT

4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: August 12, 1918

9. AGE (In years last birthday): 48 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Longmont, Colorado

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Willard H. Abbott — BIRTHPLACE: Colorado

14. MOTHER'S MAIDEN NAME: Hazel A. Dorr — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): 1/20/38-8/2/40

16. SOCIAL SECURITY NO.: 571-18-6580

17. INFORMANT'S OWN SIGNATURE: Mrs. Zoe Abbott — ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Dissecting aortic aneurysm — INTERVAL BETWEEN ONSET AND DEATH: few hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — few hrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Cardiac Insufficiency — immediate

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): NO

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): NO m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/19, 1967, *to* 6/24, 1967, *that I last saw the deceased alive on* 6/20, 1967, *and that death occurred at* 9:15 A m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 103 (Degree or title): MD

23b. ADDRESS: Bonners Ferry Ida.

23c. DATE SIGNED: 6/24/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/24/67

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: 6/29/67

REGISTRAR'S SIGNATURE: Virginia Stone

25. EMBALMER: [signature]

LICENSE NO.: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2478
Local Reg. No. 28-67
Reg. Dist. No. 100

BIRTH NO.

RECEIVED JUL 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 10 Boundary
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA Community Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 Spokane
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Spokane
d. STREET ADDRESS (If rural, give location): 3621 North Kalispell Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HENRY	HERMAN	SMITH	June 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 30, 1880	87				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Redwood, Minnesota	US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
H. H. Smith	Minnesota	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	Unknown	Official Records	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ateriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* INVESTIGATION ONLY, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. M. Callahan 583	Coroner 4	Bonners Ferry, Idaho	6/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Removal 3	6/24/67	Hazen & Jaeger Funeral Home	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 5, 1967	Virgyla Stone		E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

APR 18 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2479
Local Reg. No. 29-67
Reg. Dist. No. 100

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Bounadry 110
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
c. LENGTH OF STAY (in this place): Minutes 505
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway #95 near Deer Park 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oregon 38
b. COUNTY: Multnomah 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Portland
d. STREET ADDRESS (If rural, give location): 4546 N. E. 47th Street

3. NAME OF DECEASED (Type or Print)
a. (First): RONNIE
b. (Middle): LEN
c. (Last): BURNETT

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Single 1
8. DATE OF BIRTH: 4/27/46
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Clergyman 18
10b. KIND OF BUSINESS OR INDUSTRY: Ministry
11. BIRTHPLACE (State or foreign country): Portland, Oregon
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME: Leonard Burnett — BIRTHPLACE: Emerson, Nebraska
14. MOTHER'S MAIDEN NAME: Hazel Weatherby — BIRTHPLACE: Dutton, Arkansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: Unknown
17. INFORMANT'S OWN SIGNATURE: Billy L. Burnett — ADDRESS: Portland, Oregon

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Crushed Chest, massive pulmonary — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): hemorhages caused by rib puncturing
DUE TO (c): right & left lungs, fractured

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: neck; multiple massive internal

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: injury
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway #95 06
21c. (CITY, TOWN, OR TOWNSHIP): Bonners Ferry 13 — (COUNTY): Boundary 110 — (STATE): Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/29/67 10:10 P. m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Car Accident

22. *I hereby certify that I attended the deceased from* 2 INVESTIGATION ONLY, *19*___, *to* ___, *19*___, *that I last saw the deceased alive on* ___, *19*___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE: C. M. Callahan — (Degree or title): Chroner 583 4
23b. ADDRESS: Bonners Ferry, Idaho
23c. DATE SIGNED: 7/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 7/2/67
24c. NAME OF CEMETERY OR CREMATORY: Gable Funeral Home
24d. LOCATION (City, town, or county): Portland — (State): Oregon

DATE REC'D BY LOCAL REG.: July 5, 1967
REGISTRAR'S SIGNATURE: Loyola Stone
25. EMBALMER: Charles Malone
LICENSE NO.: E-453

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hillcrest Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 17 1967

AUG 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2480
Local Reg. No. 30-67
Reg. Dist. No. 100

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Boundary 110 405
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
LENGTH OF STAY (in this place): 4½ hours
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Community Hospital 040

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 120
b. COUNTY: Boundary
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bonners Ferry
d. STREET ADDRESS (If rural, give location): District #1

3. NAME OF DECEASED (Type or Print)
a. (First): PLEASANT
b. (Middle): THOMAS
c. (Last): CASEY

4. DATE OF DEATH: (Month) (Day) (Year): June 29, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: November 6, 1882

9. AGE (In years last birthday): 84
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Uriah C. Casey
BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Mary Jane Bonnah
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-42-5468

17. INFORMANT'S OWN SIGNATURE: Mrs. Clista Copeland
ADDRESS: Bonners Ferry Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): C.V.A.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/29, 1967 *to* 6/29, 1967, *that I last saw the deceased alive on* 6/29, 1967, *and that death occurred at* 2 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 153 (Degree or title)

23b. ADDRESS: Bonners Ferry Idaho

23c. DATE SIGNED: 7/6/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 7/3/67

24c. NAME OF CEMETERY OR CREMATORY: Grandview Cemetery

24d. LOCATION (City, town, or county) (State): Bonners Ferry Idaho

DATE REC'D BY LOCAL REG.: July 7, 1967

REGISTRAR'S SIGNATURE: Virginia Stone

25. EMBALMER: [signature]

LICENSE NO.: E-453

FIRM NAME: Hillcrest Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 14 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2481
Local Reg. No. 670
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 120 Butte
b. CITY OR TOWN Arco
c. LENGTH OF STAY IN THIS PLACE 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Custer 190
c. CITY OR TOWN Challis
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) FRANK
b. (Middle) BENJAMIN
c. (Last) MARKER

4. DATE OF DEATH (Month) (Day) (Year) June 14, 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced

8. DATE OF BIRTH Oct. 6, 1893

9. AGE (In years last birthday) 73
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Heavy Equipment Operator

10b. KIND OF BUSINESS OR INDUSTRY Highway

11. BIRTHPLACE (State or foreign country) Antelope Flat, Idaho

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Earl Marker
BIRTHPLACE Denmark

14. MOTHER'S MAIDEN NAME Dora Norwood
BIRTHPLACE Morgan, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) W. W. I

16. SOCIAL SECURITY NO. 518-16-1525

17. INFORMANT'S OWN SIGNATURE x Mrs. Sadie M. Kirk
ADDRESS Vernal, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease — 2yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1966, *to* June 14, 1967, *that I last saw the deceased alive on* June 14, 1967, *and that death occurred at* 8:40p m., *from the causes and on the date stated above.*

23a. SIGNATURE R. O. Barker M.D. (Degree or title)

23b. ADDRESS Arco, Ida

23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-19-67

24c. NAME OF CEMETERY OR CREMATORY Challis Cemetery

24d. LOCATION (City, town, or county) Challis, Idaho (State)

DATE REC'D BY LOCAL REG. June 23-1967

REGISTRAR'S SIGNATURE Betty J. Marvel

25. EMBALMER C. H. Marvel

LICENSE NO. E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 14 1970

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2482
Local Reg. No. 670
Reg. Dist. No.

Certificate of Death

RECEIVED

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 120 Butte JUN 27 1967 314
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco Bureau of V
c. LENGTH OF STAY (in this place) 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 190
b. COUNTY Custer
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mackay
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) RUBY
b. (Middle) LILLIAN
c. (Last) LEM MON

4. DATE OF DEATH (Month) (Day) (Year) June 14, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH June 1, 1891
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Store Clerk 25
10b. KIND OF BUSINESS OR INDUSTRY Clerking
11. BIRTHPLACE (State or foreign country) Woodruff, Arizona
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME John F. Ramsey — BIRTHPLACE Bedford, Indiana
14. MOTHER'S MAIDEN NAME Ruth Jane Gardner — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-3460
17. INFORMANT'S OWN SIGNATURE Lillie Lemmon — ADDRESS Mackay, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic heart disease — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* diabetes mellitus — ? 7

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/1, 1967, *to* 6/14, 1967, *that I last saw the deceased alive on* 6/13, 1967, *and that death occurred at* 2:30a m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 434 (Degree or title) 1
23b. ADDRESS Arco, Idaho
23c. DATE SIGNED 6/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-17-67
24c. NAME OF CEMETERY OR CREMATORY Lost River
24d. LOCATION (City, town, or county) (State) Moore, Idaho

DATE REC'D BY LOCAL REG. June 23-1967
REGISTRAR'S SIGNATURE Betty J. Marvel
25. EMBALMER [signature]
LICENSE NO. E-457

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Marvel Memorial Chapel, Arco

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1962

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 18 1971

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2483
Local Reg. No. 670
Reg. Dist. No.

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 120 Butte
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
LENGTH OF STAY (In this place) 50 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lost Rivers Hospital 264

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 120 Butte
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Arco
d. STREET ADDRESS (If rural, give location) 135 S. East Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Wade	Hampton	Young	June 18, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 16, 1878	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Race Horse Owner 04	Horse Racing	Cleveland, Missouri	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Franklin Young	Cleveland, Mo.	Sarah C. Wold	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-24-9301	X Etta M Young	Arco, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Arteriosclerosis — ?
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 17, 1967, *to* June 18, 1967, *that I last saw the deceased alive on* June 18, 1967, *and that death occurred at* 6:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Barker M.D.	Arco, Ida	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-21-67	Hillcrest Cemetery	Arco, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 23-1967	Betty J. Marvel	C. H. Marvel	E-457

FIRM NAME: Marvel Memorial Chapel, Arco

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Klenfler

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2484
Local Reg. No. 2961
Reg. Dist. No. 49-11

BIRTH NO.

JUN 16 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Camas 130
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfield (rural)
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fairfield Ranch--3 miles west of 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 130
b. COUNTY Camas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fairfield, Idaho.
d. STREET ADDRESS (If rural, give location) 3 miles West of Fairfield.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Edwin	Milton	Thompson	June 1, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 7, 1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 041	Agriculture	Salt Lake City, Utah.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John C. Thompson	England	Josephine H. Hansen	Salt Lake City Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	519-40-7198	X Myrtle F. Thompson	Fairfield Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4291

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 30 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Previous coronary occlusion about 1956

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 53, *to* 3-27, 1967, *that I last saw the deceased alive on* March 27, 1967, *and that death occurred at* 6:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Marvin D. Klenfler MD	Gooding Idaho	6-9-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-6-1967	Parker Cemetery	St. Anthoney Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-14-67	Estelle Vaught	Clarence L. Meyer	E-424

FIRM NAME: Thompson Chapel 737 Main Street Gooding, Idaho.

Federal Security Agency
United States Public Health Service

Form DH-6302

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

DR. M.V. Klingler

Certificate of Death

RECEIVED JUN 30 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2485
Local Reg. No.
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Camas 130 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural Soldier
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Near Soldier Creek 002

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 130 13th Avenue West

3. NAME OF DECEASED (Type or Print) a. (First) Grace b. (Middle) Vivian c. (Last) Pauls
4. DATE OF DEATH (Month) (Day) (Year) June 25, 1967
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 24, 1898
9. AGE (In years last birthday) 68 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Marlow, Indian Territory
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Joseph B. Leeper BIRTHPLACE Turnersville, Texas
14. MOTHER'S MAIDEN NAME Bessie Jane Leeper BIRTHPLACE Orangeville, Texas
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE [signature] ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 min

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Previous coronary Occlusion
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* June 25, 1967, *that I last saw the deceased alive on* April 15, 1967, *and that death occurred at* 7:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-28-67
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 6-29-1967
REGISTRAR'S SIGNATURE Estelle Waught
25. EMBALMER [signature]
LICENSE NO. E-424
FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 2 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2486
Local Reg. No. 140
Reg. Dist. No. 363

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 010
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boise Rural
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print) a. (First) Delma b. (Middle) Mary c. (Last) Sheffield

4. DATE OF DEATH (Month) (Day) (Year) June 1, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH May 10, 1911

9. AGE (In years last birthday) 56 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Scranton, Iowa

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Blum — BIRTHPLACE Unk

14. MOTHER'S MAIDEN NAME Mary Pittman — BIRTHPLACE Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Vernon E. Sheffield — ADDRESS Rt. 1 Boise

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute renal failure — INTERVAL BETWEEN ONSET AND DEATH: 48hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pyelonephritis — Unk
DUE TO (c) Glomerulosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Diabetes mellitus — years
Purulent pericarditis — days

360X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-30, 1967 *to* 6-1, 1967, *that I last saw the deceased alive on* 6-1, 1967, *and that death occurred at* 2:30 A m., *from the causes and on the date stated above.*

23a. SIGNATURE Marvin E. Blough 730 (Degree or title) MD

23b. ADDRESS 619 So. Canyon Nampa Idaho

23c. DATE SIGNED 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-5-67

24c. NAME OF CEMETERY OR CREMATORY Meridian Cemetery

24d. LOCATION (City, town, or county) (State) Meridian, Idaho

DATE REC'D BY LOCAL REG. June 15, 1967

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER Leo Jensen — LICENSE NO. E-366

FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS~~ OF THIS ITEM. ~~In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2487
Local Reg. No. 138
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 1 month
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Park View Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Boise
d. STREET ADDRESS (If rural, give location): 2801 Mountain View Dr.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
LULU	MARY	TONKIN	June 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	Feb. 14, 1881	86				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Jordan Valley, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Baxter	Unknown	Anna Edgington	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-3038	[signature]	2825 Mtn. View Drive

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cardiac

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Vascular Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 1 yr

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* May 10, 19 67, *to* June 5, 19 67, *that I last saw the deceased alive on* June 5, 19 67, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	322	Nampa, Idaho	6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-10-67	Cloverdale Memorial Park	Boise Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1967	[signature]	G. W. Waters [signature]	461

FIRM NAME: Cloverdale Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUN 14 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2488
Local Reg. No. 139
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1024 Chicago St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 315-N-11th Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Deo b. (Middle) Edgar c. (Last) Moore

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec. 7, 1900
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Liberal, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Harvey Moore — BIRTHPLACE Ohio
14. MOTHER'S MAIDEN NAME Lella Kesner — BIRTHPLACE Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-07-0049
17. INFORMANT'S OWN SIGNATURE Catherine H. Moore — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary — INTERVAL BETWEEN ONSET AND DEATH 10 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — 10 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* June, 1967, *that I last saw the deceased alive on* May 22, 1967, *and that death occurred at* 11:30 pm., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 437 (Degree or title) [signature]
23b. ADDRESS Caldwell Idaho
23c. DATE SIGNED 6/7/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 9, 1967
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State) Nampa, Idaho

DATE REC'D BY LOCAL REG. 6-12-1967
REGISTRAR'S SIGNATURE Vera Dakan
25. EMBALMER Merville D. Davis
LICENSE NO. E-399

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Funeral Chapel, Caldwel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 29 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2489
Local Reg. No. 154
Reg. Dist. No. 360

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): East Main

3. NAME OF DECEASED (Type or Print): a. (First) Bertha b. (Middle) E. c. (Last) Larsen

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Sept. 13, 1884

9. AGE (In years last birthday): 82 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Payson, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William Best — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Georgena Reese — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: No

17. INFORMANT'S OWN SIGNATURE x LeRoy Larsen — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hip fracture - old
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION: None (Jerome 2 who before)

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/2, 1967, *to* 6/6, 1967, *that I last saw the deceased alive on* 6/6, 1967 *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Signed) D. Barnes 024 (Degree or title)

23b. ADDRESS: Caldwell, Idaho

23c. DATE SIGNED: 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 7, 1967

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: 6-22-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Merville A. Davis

LICENSE NO.: E-359

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Idaho

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 16 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2490
Local Reg. No. 5
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (In this place): 051
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 111 Cleveland Blvd.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	MAE	R	PETERSON		6	7	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed 2	Oct. 24, 1881	85	7	13		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Self	El Dorado, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Rosseau	Unknown	Mary Rittenhouse	Columbia, Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	553-24-8972A	Floyd H. Peterson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Hypertension — Progressive
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

33 IX

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 27 May, 1967, *to* 7 Jun, 1967, *that I last saw the deceased alive on* 6 Jun, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krause 295	M.D.	Caldwell, Idaho	7-3 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/12/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-1967	Vera Dakan	Lucy M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 14 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2491
Local Reg. No. 141
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 119 E. Logan

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Lula	B.	Bettis	June 7, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	June 10, 1890	76		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
07		Smith County, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Anderson	West Virginia	Elsie J. Rosborough	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	512-09-9755B	x J M Bettis	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Occlusion	2 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arteriosclerotic C.V.D.	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Severe rheumatoid arthritis	20 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
None		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 31 May, 1967, *to* 7 June, 1967, *that I last saw the deceased alive on* 7 June, 1967, *and that death occurred at* 2 P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
A. D. Simpson	MD	Caldwell	9 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 12, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-13-1967	Vera Dakan	Kenneth E. Spence	E-395

FIRM NAME: Peckham-Dakan Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

AUG 31 1967

JAN 26 1990

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2492
Local Reg. No. 148
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell Rural Rt
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home, Rt. # 3

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 3, Box 483

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Donald	Wayne	Boatman	June 8, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Divorced	Sept. 11, 1930	36				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Construction Worker	//	Notus, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Roy C. Boatman	Michigan	Elsie Petersen	Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-36-0428	Fred L Boatman	

4168

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute arrhythmia	
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Massive cardiomegaly	Several years
DUE TO (c)	Rheumatic fever	25 years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-23-65, 19____, *to* 6-8-67, 19____, *that I last saw the deceased alive on* 6-6-67, 19____ *and that death occurred at* 10:00P m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Lyle Stones 505 (Degree or title) M. D.	222 East Elm--Caldwell, Idaho	6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 12, 1967	Lower Boise Cemetery	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-18-1967	Vera Dakan	Kenneth E Dakan	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2493
Local Reg. No. 140
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle):
c. (Last): Lee

4. DATE OF DEATH (Month) (Day) (Year): June 8, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 16, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Monett, Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Lee — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary Goodnight — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Don Lee — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral artery thrombosis
ANTECEDENT CAUSES — DUE TO (b) arteriosclerosis
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. — DUE TO (c) congestive heart failure due to coronary insufficiency

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 60 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-21, 1967, *to* 6-8, 1967, *that I last saw the deceased alive on* 6-8, 1967, *and that death occurred at* 10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 166
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 6-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 10, 1967
24c. NAME OF CEMETERY OR CREMATORY: Parma Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: 6-13-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 6 1984

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2494
Local Reg. No. 139
Reg. Dist. No. 363

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 200
b. COUNTY Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
d. STREET ADDRESS (If rural, give location) 390 No. 19th East

3. NAME OF DECEASED (Type or Print)
a. (First) JESSE
b. (Middle) LELAND
c. (Last) SUMNER

4. DATE OF DEATH (Month) June 9, (Day) 2967 (Year)

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: May 28, 1894
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired-Switchman 10
10b. KIND OF BUSINESS OR INDUSTRY: Railroad
11. BIRTHPLACE (State or foreign country): Cobden, Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Charles Sumner — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Nellie — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 712-07-9811
17. INFORMANT'S OWN SIGNATURE: Violet Sharp — ADDRESS: Mtn. Home, Ida.

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1) CORONARY OCCLUSION

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Genl. ARTERIO-sclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. urethral strictures

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* NOV, 1952, *to* 6/8, 1967, *that I last saw the deceased alive on* 6/8/67, 19__, *and that death occurred at* 6:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 450 (Degree or title) M.D. FACS
23b. ADDRESS: 723 ROOSEVELT, Nampa
23c. DATE SIGNED: 6/16/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/13/67
24c. NAME OF CEMETERY OR CREMATORY: Glenn Rest Cemetery
24d. LOCATION (City, town, or county) (State): Glenns Ferry, Idaho

DATE REC'D BY LOCAL REG.: June 15, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: H. Vert Humphreys
LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

JUL 5 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2495
Local Reg. No. 141
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: CANYON 143 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 2 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): MERCY HOSPITAL 060

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 143 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 503 ROOSEVELT

3. NAME OF DECEASED (Type or Print): a. (First) ARCHIE b. (Middle) (nmn) c. (Last) CUFF

4. DATE OF DEATH: (Month) JUNE (Day) 10, (Year) 1967

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3

8. DATE OF BIRTH: DEC. 20, 1898

9. AGE (In years last birthday): 68 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MECHANIC

10b. KIND OF BUSINESS OR INDUSTRY: SUGAR FACTORY

11. BIRTHPLACE (State or foreign country): BREASLEY, MINN.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: ROBERT CUFF
BIRTHPLACE: CANADA

14. MOTHER'S MAIDEN NAME: HULDA HAVENS
BIRTHPLACE: ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-30-0147

17. INFORMANT'S OWN SIGNATURE: Ruth Cuff
ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-9, 1967, *to* 6-10, 1967, *that I last saw the deceased alive on* 6-10, 1967, *and that death occurred at* 6:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Jerry C. Wenche M.D. 560 (Degree or title)

23b. ADDRESS: NAMPA, IDAHO

23c. DATE SIGNED: 6-12-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

24b. DATE: 6-13-67

24c. NAME OF CEMETERY OR CREMATORY: KOHLER LAWN CEMETERY

24d. LOCATION (City, town, or county) (State): NAMPA, IDAHO

DATE REC'D BY LOCAL REG.: June 15, 1967

REGISTRAR'S SIGNATURE: Jane Steck

25. EMBALMER: M. B. Shepherd

LICENSE NO.: 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2496
Local Reg. No. 155
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) Rt. # 2

3. NAME OF DECEASED (Type or Print) a. (First) Dr. William b. (Middle) B. c. (Last) Meara

4. DATE OF DEATH (Month) (Day) (Year) June 10, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Separeted 4
8. DATE OF BIRTH Aug. 6, 1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Brookfiled, Mo. ~~Illinois~~
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Richard Meara — BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Anna Elizabeth Selback — BIRTHPLACE Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 561-07-9114
17. INFORMANT'S OWN SIGNATURE Vining McCluy — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Ant~~ Massive Cerebral infarction — INTERVAL BETWEEN ONSET AND DEATH about 3 weeks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis generalized — indefinite
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1966, *to* 6-10, 1967, *that I last saw the deceased alive on* 6-10, 1967, *and that death occurred at* 8A *m., from the causes and on the date stated above.*

23a. SIGNATURE Chale E Kemuh 280 (Degree or title) MD 1
23b. ADDRESS 1819 Ellis St Caldwell Idaho
23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Princeville Cemetery
24d. LOCATION (City, town, or county) (State) Princeville, Illinois

DATE REC'D BY LOCAL REG. 6-29-67
REGISTRAR'S SIGNATURE Freda G. Hunt, Deputy
25. EMBALMER [signature]
LICENSE NO. E-508

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. FEB 07 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2497
Local Reg. No. 1
Reg. Dist. No. 361

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY 140 Canyon
b. CITY OR TOWN Parma, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 Mi. No. East of Parma

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 140 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Parma, Idaho
d. STREET ADDRESS (If rural, give location) 603 Grove

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Wm.	Bruce	Brackin	6	10	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Single	June 9, 1937	30	0	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life. Never retired) Field Rep. Flying Service
10b. KIND OF BUSINESS OR INDUSTRY 78
11. BIRTHPLACE (State or foreign country) Blanchard, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME BIRTHPLACE E. Bruce Brackin Nevara, Texas
14. MOTHER'S MAIDEN NAME BIRTHPLACE Josephine Hudson Carrall Co. Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x E. Bruce Brackin ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 2667 Burns, 4 degree
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident,
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 16
21c. (CITY, TOWN, OR TOWNSHIP) Parma 13 (COUNTY) 140 (STATE) Idaho
21d. TIME OF INJURY (Month) 6 (Day) 10 (Year) 67 (Hour) 12:40 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Airplane Crash

22. *I hereby certify that I attended the deceased from* ——, 19—, *to* ——, 19—, *that I last saw the deceased alive on* ——, 19—, *and that death occurred at* 12:40 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Gerald C. Bauman 034 M.D.	819 Ellis Caldwell Ida	6/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/14/67	Parma	Parma, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-1967	Vera Dakan	Leonard C. Flahiff	E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2498
Local Reg. No. 144
Reg. Dist. No. 361

RECEIVED JUN 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 140
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Near Parma
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Near Parma, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington
b. COUNTY: 555 King
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seattle
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): SIGURD
b. (Middle): LEONARD
c. (Last): MAGNUSSEN

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 21, 1939
9. AGE (In years last birthday): 28 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Crop Duster 21 ~~10~~
10b. KIND OF BUSINESS OR INDUSTRY: Flying
11. BIRTHPLACE (State or foreign country): Twisp Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Sugurd .. Magnussen — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hannah Catherine Clark — BIRTHPLACE: Washington

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Jack L. Magnussen — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH 866X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Burned to death.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): airplane accident
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): on a farm 16
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Near Parma 13 Canyon 140 Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-10-67 12:40 P.m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR? Airplane hit the ground - Cause undetermined as yet

22. *I hereby certify that I attended the deceased from* 2 Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Henry C Wesche M.D. 583 Coroner 4
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 12, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pateros Cemetery
24d. LOCATION (City, town, or county) (State): Pateros Washington

DATE REC'D BY LOCAL REG.: 6-18-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Tony J. Krouch — LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 22 1967

JUL 11 1967

MAR 15 1988

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2499
Local Reg. No. 147
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2015 Washington

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Lucile	Mary	McCluskey	6	11	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
F	W	Widowed 2	May 4, 1901	66	1	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Self	Deadwood So Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George J. Clark	England	Liza Hodge	Cornwall, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-26-0750	Lorna Kay Lolland	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Adenocarcinoma of breast — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hypostatic pneumonia — 3d.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* 6-11, 1967, *that I last saw the deceased alive on* 6-11, 1967, *and that death occurred at* 11:30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W S Jensen 258	MD	Robert H. Jensen, M.D. 223 EAST LOGAN CALDWELL, IDAHO	6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/14/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-18-1967	Vera Dakan	Duard M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2500
Local Reg. No. 153
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH

a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. CALDWELL OF (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: 28 Nebraska
b. COUNTY: 55 Lancaster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lincoln
d. STREET ADDRESS (If rural, give location): 1929 South 24th.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
LAWRENCE	H.	ELFRING	June	11,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Feb. 9, 1911	56		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Maintenance Man 01	Heating	Stockham Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Louis Elfring	Nebraska	Cora Schwarz	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			* Esther M. Elfring	Lincoln, Neb

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Inspection & History, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* 4:30P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Henry C. Wesche M.D.	Coroner 4	Nampa Idaho	6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 11, 1967	Sutton Cemetery	Sutton Nebraska

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-22-1967	Vera Dakan	Larry J. Kroupa	E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 26 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2501
Local Reg. No. 144
Reg. Dist. No. 363

JUN 27 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Mercy Hospital DOA

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kuna
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Lula b. (Middle) Blanche c. (Last) Jerome

4. DATE OF DEATH (Month) (Day) (Year) June 11, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH June 23, 1887
9. AGE (In years last birthday) 79 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 81
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Phillipsburg, Kansas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Jacob Putman BIRTHPLACE Ind.
14. MOTHER'S MAIDEN NAME Eliza J. Cuffel BIRTHPLACE Ind.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE X Mildred Mumford ADDRESS Kuna

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Infarction — 1 hr
DUE TO (c) Bradycardia

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. brought to Emergency Room

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ____, 19__, to ____, 19__, that I last saw the deceased alive on June 11, 1967, and that death occurred at 1:00A m., from the causes and on the date stated above.*

23a. SIGNATURE 323 (Degree or title) R. Manzum MD
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-14-67
24c. NAME OF CEMETERY OR CREMATORY Kuna Cemetery
24d. LOCATION (City, town, or county) Kuna, Idaho (State)

DATE REC'D BY LOCAL REG. June 27, 1967
REGISTRAR'S SIGNATURE Jane Funk
25. EMBALMER Leo Jerred LICENSE NO. E-366
FIRM NAME: Robison Chapel of the Chimes

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2502
Local Reg. No. 147
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 138
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Parma
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Willmer
b. (Middle): Denton
c. (Last): Cole

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Nov. 3, 1882	84				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Wabash, Indiana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George Cole — BIRTHPLACE: Ohio
14. MOTHER'S MAIDEN NAME: Liza DeCoursey — BIRTHPLACE: Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-34-1694
17. INFORMANT'S OWN SIGNATURE: x Donald C. Cole — ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 334X Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: Progressive

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 14 Feb, 1958, *to* 11 Jun, 1967, *that I last saw the deceased alive on* 21 May, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Charles E. Krause 295 (Degree or title): M.D.
23b. ADDRESS: Caldwell, Idaho
23c. DATE SIGNED: 23 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lower Boise Cemetery
24d. LOCATION (City, town, or county) (State): Parma, Idaho

DATE REC'D BY LOCAL REG.: June 30, 1967
REGISTRAR'S SIGNATURE: Janet Steck
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-395
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service
Form DH-6021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 7 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

MAR 10 1999

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2503
Local Reg. No. 151
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 23 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Canyon 141
c. CITY OR TOWN: Caldwell
d. STREET ADDRESS (If rural, give location): 2223 Maple St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Alicia	L.	Robinson	June 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Nov. 29, 1889	77				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Nurse 13		Colon, Panama	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Apostolo	Spain	Constancia Spence	Jamica

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	532-28-0599	Oswald L. Robinson	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4231

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Pulmonary Infarction — Interval between onset and death: a few hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Cardio - — Interval between onset and death: Indefinite

DUE TO (c) Vascular Disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Jan, 1967, *to* June, 1967, *that I last saw the deceased alive on* 6-12, 1967, *and that death occurred at* 11:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Hale C. Kemp 280 MD	1819 Ellis St Caldwell Idaho	6-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 16, 1967	Canyon Hill Cemetery	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-19-1967	Vera Dakan	Frank Dakan	E-460

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2504
Local Reg. No. 142
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 142 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 140
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 5

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): E.
c. (Last): NALLEY

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 13, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Dodge City Arkansas
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: No record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519 03 1363A
17. INFORMANT'S OWN SIGNATURE: X Fred Nalley — ADDRESS: Pocatello, Ida.

18. CAUSE OF DEATH 9280
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ruptured Ileum Secondary to Cow Kick of Rt Inguinal hernia

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 34 hrs

19a. DATE OF OPERATION: June 11-67
19b. MAJOR FINDINGS OF OPERATION: Rupt Ileum - Peritonitis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 02
21c. (CITY, TOWN, OR TOWNSHIP): Nampa 13 — (COUNTY): Canyon 141 — (STATE): Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-9-67 8 p m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Kicked by cow

22. *I hereby certify that I attended the deceased from* Sept 2, 1964, *to* June, 1967, *that I last saw the deceased alive on* June 12, 1967, *and that death occurred at* 7:20 A.m. *from the causes and on the date stated above.*

23a. SIGNATURE: Gaydon Olson Jr. 115 (Degree or title)
23b. ADDRESS: Nampa Idaho
23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Meridian Cemetery
24d. LOCATION (City, town, or county): Meridian — (State): Idaho

DATE REC'D BY LOCAL REG.: June 15, 1967
REGISTRAR'S SIGNATURE: Janet Stuck
25. EMBALMER: William R. Kise, Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JAN 8 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2505
1-67-P
Local Reg. No. 152
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUN 23 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141 001
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 06 Colorado
b. COUNTY: 555 Otero
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fowler
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Cornelius	Wood	Sullivan	June 12, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	April 14, 1903	64				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired 29		Denver, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Micheal Sullivan	New York	Laura Ann Wood	Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	524-32-9714	Geo Sullivan	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 4201 Arteriolar nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES — (2) Acute myocardial infarction — 1 Day

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-1-67, 19____, *to* 6-12-67, 19____, *that I last saw the deceased alive on* 6-12-67, 19____, *and that death occurred at* 11:10P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W D Peckham 250 (Degree or title)	222 East Elm—Caldwell, Idaho	6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 13, 1967	Fowler Cemetery	Fowler, Colorado

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-22-1967	Vera Dakan	Kenneth E Spence	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2506
Local Reg. No. 2
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 141 Canyon 000
b. CITY OR TOWN Caldwell, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Marsing, Idaho
d. STREET ADDRESS (If rural, give location) Box 396

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ALLEN		GOWEY		6	13	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Married 3	May 29, 1897	70		14		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Real Estate Broker 24	Self	Richland, Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Rolla J Gowey	Richland, Iowa	Effie Dickinson	Brighton, Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	518-38-4920	Hazel Gowey	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE MYOCARDIAL INFARCT — INTERVAL BETWEEN ONSET AND DEATH: 1 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) CORONARY SCLEROSIS — unknown
DUE TO (c) GEN. ARTERIOSCLEROSIS — unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6/13, 1967, *to* only, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.* (DOA at hospital)

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Donald D Price MD 424 (Degree or title)	Caldwell Ida	6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/16/67	Marsing-Homedale	Near Marsing, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-1967	Vera Dakan	Jerry M. Flahiff	E 393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

OCT 8 1981

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2507
Local Reg. No. 143
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 CANYON
b. CITY OR TOWN NAMPA
LENGTH OF STAY (in this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MIDLAND MANOR 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY CANYON
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL MELBA
d. STREET ADDRESS (If rural, give location) ***

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LENA	E.	JOHNSON	JUNE 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
FEMALE	WHITE	WIDOWED 2	APRIL 8, 1872	95				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
HOME-MAKER 01	AT HOME	SWEDEN	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
NO RECORD	SWEDEN	SOPHIE NO RECORD	SWEDEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	518-60-3929	Rocco Terracciano	MELBA

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pre-Lobectomy Arteriosclerotic H.D. Hiatus with myocardial impairment — 2 months, 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-5, 1966, *to* 6-13, 1967, *that I last saw the deceased alive on* 6-13, 1967, *and that death occurred at* 9:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Calvin H. Day 217	M.D.	NAMPA, IDAHO	6-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	6-17-67	MELBA CEMETERY	MELBA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15 1967	Jane Stock	M B Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2508
Local Reg. No. 145
Reg. Dist. No. 362

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY IN HOSPITAL: 000
d. FULL NAME OF HOSPITAL OR INSTITUTION: Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 142 Canyon
c. CITY OR TOWN: Nampa
d. STREET ADDRESS: 111 Ivy Street

3. NAME OF DECEASED (Type or Print): a. (First) FRANK; b. (Middle); c. (Last) OLDER

4. DATE OF DEATH: (Month) June (Day) 14, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: January 25, 1870

9. AGE (In years last birthday): 97 — IF UNDER 1 YEAR: Months; Days — IF UNDER 24 HRS.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Fireman 06

10b. KIND OF BUSINESS OR INDUSTRY: Carnation Co.

11. BIRTHPLACE (State or foreign country): Nelsonville Ohio

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Older — BIRTHPLACE: no record

14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518 05 8318 A

17. INFORMANT'S OWN SIGNATURE: [signature] ADDRESS: Ore. Jordan Valle

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Generalized arteriosclerosis — 20 yrs
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Iron deficiency anemia — Not known

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 1967, *to* June 14, 1967, *that I last saw the deceased alive on* June 13, 1967, *and that death occurred at* 4:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) M.D. — **23b. ADDRESS**: 824-17th Ave. So. Nampa — **23c. DATE SIGNED**: 6/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial — **24b. DATE**: June 19, 1967 — **24c. NAME OF CEMETERY OR CREMATORY**: Kohlerlawn Cemetery — **24d. LOCATION** (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: June 24, 1967 — REGISTRAR'S SIGNATURE: [signature] — **25. EMBALMER**: Richard W. Messbrink — LICENSE NO.: E-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 27 1967 Bureau of Vital Statistics

State File No. 2509
Local Reg. No. 146
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Midland Manor 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 3

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Ressie	Florence	Good	June 15, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Dec. 8, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Virginia	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Andrew Berry	Virginia	Sarah Landis	Virginia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			† David A. Good.	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Cerebral Hemorrhage or embolism — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 7:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	MD		

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1967	Kohlerlawn Cemetery	Nampa Canyon Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 24, 1967	[signature]	Richard W. Mesenbrink	E-487

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2510
Local Reg. No. 153
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY (in this place): 1 MONTH
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1213½ 1st ST. SOUTH 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 142 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
d. STREET ADDRESS (If rural, give location): 1213½ 1st ST. SOUTH

3. NAME OF DECEASED (Type or Print)
a. (First): MYRTLE
b. (Middle): OLGA
c. (Last): HOOPER

4. DATE OF DEATH (Month) (Day) (Year): JUNE 16, 1967

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: NOV. 9, 1924
9. AGE (In years last birthday): 42 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WIFE 01
10b. KIND OF BUSINESS OR INDUSTRY: AT HOME
11. BIRTHPLACE (State or foreign country): BILLINGS, MONTANA
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: J. L. SMITH — BIRTHPLACE
14. MOTHER'S MAIDEN NAME — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 517-22-3269
17. INFORMANT'S OWN SIGNATURE: Arthur Hooper — ADDRESS: NAMPA, IDAHO

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

330X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Sub-arachnoid hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Ruptured Basilar Aneurysm
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Ethyl Alcohol Intoxication

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* Onset, *from the causes and on the date stated above.*

23a. SIGNATURE: Henry C. Wesche. 583 (Degree or title) 4
23b. ADDRESS: M. D. CORONER NAMPA, IDAHO
23c. DATE SIGNED: 6/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: June 20, 1967
REGISTRAR'S SIGNATURE: Jane L. Steck
25. EMBALMER: M. B. Shepherd — LICENSE NO. 473
FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2511
Local Reg. No. 147
Reg. Dist. No. 3 62

BIRTH NO.

RECEIVED JUN 27 1967 STATE OF IDAHO Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Midland Manor Nursing Home 301

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 111-11th Ave. So. Ext.

3. NAME OF DECEASED (Type or Print)
a. (First) Leonard
b. (Middle) L.
c. (Last) Sarnes

4. DATE OF DEATH (Month) June (Day) 17, (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH March 1, 1878

9. AGE (In years last birthday) 89
If under 1 year: Months / Days
If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 04

10b. KIND OF BUSINESS OR INDUSTRY Farming

11. BIRTHPLACE (State or foreign country) Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Sarnes
BIRTHPLACE Illinois

14. MOTHER'S MAIDEN NAME Elizabeth Wilcox
BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE X Leonard L. Sarnes
ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senility — INTERVAL BETWEEN ONSET AND DEATH 4 years.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19 57, *to* June 11, 19 67, *that I last saw the deceased alive on* 6/11 19 67 *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE W B Ross 449 (Degree or title)

23b. ADDRESS Nampa Idaho.

23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 21, 1967

24c. NAME OF CEMETERY OR CREMATORY Western Cemetery

24d. LOCATION (City, town, or county) Western (State) Nebraska

DATE REC'D BY LOCAL REG. June 24, 1967

REGISTRAR'S SIGNATURE Jane Stuck

25. EMBALMER Larry J. Krouse
LICENSE NO. E-447

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

DEC 23 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2512
Local Reg. No. 157
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakleys Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 26 Missouri
b. COUNTY: 535 Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Conrad	H.	Bishop	June 17, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	May 2, 1877	89				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Hemple, Missouri	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry Bishop	Kentucky	Mary Keller	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	498-24-5329	x Mrs. Evelyn Riddle	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).
**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 5 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome. — years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1966, *to* June 17, 1967, *that I last saw the deceased alive on* June 12, 1967, *and that death occurred at* 11PM m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
034 Gerald C. Bauman	M.D.	Caldwell Idaho	6/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 19, 1967	St. Joseph Cemetery	St. Joseph, Missouri

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-67	Irene G. Hunt, Dpty	Rodney W. Dolan	E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell,

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2513
Local Reg. No. 151
Reg. Dist. No. 362

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 CANYON 412
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 12 HRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 142 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 212 LOCUST

3. NAME OF DECEASED (Type or Print)
a. (First) LILLIE
b. (Middle) MAY
c. (Last) WILCOX

4. DATE OF DEATH (Month) (Day) (Year) JUNE 17, 1967

5. SEX FEMALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED 4
8. DATE OF BIRTH MAY 21, 1894
9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOME*MAKER 01
10b. KIND OF BUSINESS OR INDUSTRY AT HOME
11. BIRTHPLACE (State or foreign country) GARDEN CITY, UTAH
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME KARL HILDT — BIRTHPLACE GERMANY
14. MOTHER'S MAIDEN NAME * GOTTLIEBIN LUGINSLAND — BIRTHPLACE GERMANY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-36-0265AA
17. INFORMANT'S OWN SIGNATURE Vienna Wilcox — ADDRESS NAMPA, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebro-vascular hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 6 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive Heart Disease

[redacted]

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pneumonia

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8:00 PM, 1967 6/16, *to* 6/17, 1967, *that I last saw the deceased alive on* 6/17, 1967, *and that death occurred at* 11:10 AM, *from the causes and on the date stated above.*

23a. SIGNATURE J. R. Mangum MD 322 (Degree or title)
23b. ADDRESS NAMPA, IDAHO
23c. DATE SIGNED 6/17/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
24b. DATE 6-20-67
24c. NAME OF CEMETERY OR CREMATORY HILLCREST MEMORIAL
24d. LOCATION (City, town, or county) (State) NAMPA, IDAHO

DATE REC'D BY LOCAL REG. June 30, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER M. B. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967

State File No. 2514
Local Reg. No. 150
Reg. Dist. No. 360

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 — 020
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho — b. COUNTY: Canyon 141
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 2522 S. Illinois

3. NAME OF DECEASED (Type or Print): a. (First) Ellen — b. (Middle) Adair — c. (Last) McCrery

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 1, 1915

9. AGE (In years last birthday): 51 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Seattle, Washington

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Robbin Adair — BIRTHPLACE: Wash.

14. MOTHER'S MAIDEN NAME: Emma Johnson — BIRTHPLACE: Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-48-5741

17. INFORMANT'S OWN SIGNATURE: X Lester McCrery — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 180X Carcinoma of Kidney — INTERVAL BETWEEN ONSET AND DEATH: One year

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 13, 1967, *to* June 17, 1967, *that I last saw the deceased alive on* June 17, 1967, *and that death occurred at* 6:27 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 510 MD

23b. ADDRESS: 222 E. Lynn Caldwell

23c. DATE SIGNED: 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Cremation

24b. DATE: June 20, 1967

24c. NAME OF CEMETERY OR CREMATORY: Mt. View

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-19-1967

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Rodney W. Dakan

LICENSE NO.: E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 4 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2515
Local Reg. No. 130
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN Nampa
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 141 b. COUNTY Canyon
c. CITY OR TOWN Caldwell
d. STREET ADDRESS 1605 Idaho St.

3. NAME OF DECEASED (Type or Print): a. (First) Earl b. (Middle) G. c. (Last) Bickmore

4. DATE OF DEATH (Month) (Day) (Year): June 17, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: April 29, 1897

9. AGE (In years last birthday): 70 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer 21

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Paradise, Utah

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Isaac Bickmore — BIRTHPLACE: Utah

14. MOTHER'S MAIDEN NAME: Irene Goldsberry — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 541-38-8635

17. INFORMANT'S OWN SIGNATURE Dorothy Bickmore — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 day.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Parkinson's Disease — 2 years.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 12-23- *, 19* 66 *, to* 6-17- *, 19* 67 *, that I last saw the deceased alive on* 6-17- *, 19* 67 *, and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard C. Troyer, M.D. 666 (Degree or title) | **23b. ADDRESS** 619 o. Canyon, Nampa, Idaho | **23c. DATE SIGNED** 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal | **24b. DATE**: June 18, 1967 | **24c. NAME OF CEMETERY OR CREMATORY**: Sugar City Cemetery | **24d. LOCATION** (City, town, or county) (State): Sugar City, Idaho

DATE REC'D BY LOCAL REG.: June 30 1967 | REGISTRAR'S SIGNATURE: Jane Steed | **25. EMBALMER**: Rodney C. Dakan | LICENSE NO.: E-508

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2516
Local Reg. No. 178
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUN 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) 4 Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 142 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 517 16th AVE. SOUTH

3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) EDWARD c. (Last) LEBERMANN

4. DATE OF DEATH (Month) (Day) (Year) JUNE 18, 1967

5. SEX MALE

6. COLOR OR RACE WHITE

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 2

8. DATE OF BIRTH OCT. 24, 1895

9. AGE (In years last birthday) 71 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MUSICIAN 23

10b. KIND OF BUSINESS OR INDUSTRY CITY BAND

11. BIRTHPLACE (State or foreign country) SPRINGFIELD, ILLINOIS

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME EDWARD L. LEBERMANN BIRTHPLACE ILLINOIS

14. MOTHER'S MAIDEN NAME LEAFIE Mc REYNOLDS BIRTHPLACE ILLINOIS

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) YES (If yes, give war or dates of service) W W I 3

16. SOCIAL SECURITY NO. 519-26-0596

17. INFORMANT'S OWN SIGNATURE Margaret L. Richard ADDRESS BRANDON VERMONT

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3348

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Pyelonephritis — 5 mo

DUE TO (c) Arteriosclerotic Cerebral Vascular Disease & Paraplegia — 6 mo

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Pernicious Anemia — 10 mo

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-3, 1951, *to* 6-18, 1967, *that I last saw the deceased alive on* 6-17, 1967, *and that death occurred at* 3:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE T C Horton 245 (Degree or title) MD

23b. ADDRESS NAMPA, IDAHO

23c. DATE SIGNED 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 6-21-67

24c. NAME OF CEMETERY OR CREMATORY CLOVERDALE CEMETERY

24d. LOCATION (City, town, or county) (State) BOISE, IDAHO

DATE REC'D BY LOCAL REG. June 24 1967

REGISTRAR'S SIGNATURE Jane Steck

25. EMBALMER M. B. Shepherd LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2517
Local Reg. No. 152
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics Bureau of

1. PLACE OF DEATH
a. COUNTY Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 14
b. COUNTY Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Caldwell
d. STREET ADDRESS (If rural, give location) 1108 Arthur St.

3. NAME OF DECEASED (Type or Print) a. (First) Emma b. (Middle) NMI c. (Last) Smith
4. DATE OF DEATH (Month) (Day) (Year) June 18, 1967
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 9, 1880
9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 00
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Joseph Nooner BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Nancy J. Payne BIRTHPLACE Illinois
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-20-9467
17. INFORMANT'S OWN SIGNATURE X Minnie N. Butler ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9039 Fx, hip — INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 7 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteo arthritis severe. — years

19a. DATE OF OPERATION 4/25/67
19b. MAJOR FINDINGS OF OPERATION — Fx hip R
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 00
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) 13 (STATE)
21d. TIME OF INJURY (Month) 4 (Day) 23 (Year) 67 (Hour) 3A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell

22. I hereby certify that I attended the deceased from 9/22 [illegible] to 6/18, 1967, that I last saw the deceased alive on 6/17, 1967, and that death occurred at [illegible] m., from the causes and on the date stated above.

23a. SIGNATURE Gerald C Bauman (Degree or title) 034 MD
23b. ADDRESS Caldwell, Idaho
23c. DATE SIGNED 6/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 21, 1967
24c. NAME OF CEMETERY OR CREMATORY Canyon Hill Cemetery
24d. LOCATION (City, town, or county) Caldwell, Idaho (State)

DATE REC'D BY LOCAL REG. 6-29-67
REGISTRAR'S SIGNATURE Fred D. Hunt Dpty
25. EMBALMER [illegible] Dakan
LICENSE NO. E-508
FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2518
Local Reg. No. 3
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 141 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 147
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): 512 North Kimball

3. NAME OF DECEASED (Type or Print)
a. (First): Mayette
b. (Middle): C.
c. (Last): Tucker

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: March 30, 1887
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months 2, Days 9 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Linnwood, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clay — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Swalley — BIRTHPLACE: Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-13-7930-DN5
17. INFORMANT'S OWN SIGNATURE: Carroll L. Tucker — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary insufficiency

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 14 days

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-22, 1967 *to* 6-19, 1967 *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* 7:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 166 (Degree or title) MD
23b. ADDRESS: Caldwell Idaho
23c. DATE SIGNED: 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-21-67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho Canyon

DATE REC'D BY LOCAL REG.: 7-3-1967
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Leonard C. Flahiff
LICENSE NO.: E 481

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flahiff Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2519
Local Reg. No. 153
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 CANYON 201
b. CITY OR TOWN NAMPA | c. LENGTH OF STAY (in this place) 3 WKS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 142 b. COUNTY CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 1805 3rd STREET NORTH

3. NAME OF DECEASED (Type or Print): a. (First) ROY b. (Middle) R. c. (Last) VANDEVENTER

4. DATE OF DEATH: (Month) JUNE (Day) 19, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
MALE	WHITE	MARRIED 3	FEB. 16, 1888	79		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED FARMER 04	FARMING	NEVADA, MISSOURI	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ANDREW VANDEVENTER	HOLLAND	SUSANNA NO RECORD	HOLLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		520-09-9816	Lucy L. Widick	NAMPA, IDAHO

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 2 mos.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Obstructive Pulmonary disease
DUE TO (c) Cor Pulmonale. — 6 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/1, *1967, to* 6/14, *1967, that I last saw the deceased alive on* 6/14, *1967, and that death occurred at* 1:10P *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W B Ross	449	NAMPA, IDAHO	7-1-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	6-22-67	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8, 1967	Jane Steck	M. B. Shepherd	173

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2520
Local Reg. No. 134
Reg. Dist. No. 362

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
c. LENGTH OF STAY (in this place) D.O.A.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) MERCY HOSPITAL 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 122 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 1st STREET NORTH EXT.

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) J. c. (Last) NARANJO

4. DATE OF DEATH (Month) JUNE (Day) 19, (Year) 1967

5. SEX MALE

6. COLOR OR RACE MEXICAN

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED /

8. DATE OF BIRTH NOV. 24, 1897

9. AGE (In years last birthday) 69 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) LABORER 04

10b. KIND OF BUSINESS OR INDUSTRY FARMING

11. BIRTHPLACE (State or foreign country) MORA, NEW MEXICO

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME SEBERAINO NARANJO — **BIRTHPLACE** NEW MEXICO

14. MOTHER'S MAIDEN NAME CARLOTA PACHCO — **BIRTHPLACE** NEW MEXICO

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO

16. SOCIAL SECURITY NO. 707-03-4625

17. INFORMANT'S OWN SIGNATURE Elmer Trujillo — **ADDRESS** NAMPA, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

4201

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C Wersh M.D. 583 (Degree or title) Coroner, 4

23b. ADDRESS NAMPA, IDAHO

23c. DATE SIGNED 6/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

24b. DATE 6-24-67

24c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY

24d. LOCATION (City, town, or county) (State) NAMPA, IDAHO

DATE REC'D BY LOCAL REG. June 30 1967

REGISTRAR'S SIGNATURE Jane Steed

25. EMBALMER M.B. Shepherd — LICENSE NO. 473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2521
Local Reg. No. 6
Reg. Dist. No. 361

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 3Miles North of Caldwell

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 2008 Brookside Dr.

3. NAME OF DECEASED (Type or Print): a. (First) PAULINE b. (Middle) AUDREY c. (Last) SCHOONOVER

4. DATE OF DEATH: (Month) 6 (Day) 26 (Year) 67

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 25, 1941

9. AGE (In years last birthday): 25 IF UNDER 1 YEAR Months 11 Days 25 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher

10b. KIND OF BUSINESS OR INDUSTRY: 12 Teacher

11. BIRTHPLACE (State or foreign country): Bassett, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Hardie Roark BIRTHPLACE: Louisana

14. MOTHER'S MAIDEN NAME: Fannie Estes Springview, Neb.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): No

16. SOCIAL SECURITY NO.: 519-42-6949

17. INFORMANT'S OWN SIGNATURE ADDRESS: x Terry Lee Schoonover

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation 9731

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐ (Specify): Suicide

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 26 3 mile N. of Caldwell

21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) Canyon (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR? Carbon Monoxide in vehicle

22. *I hereby certify that I attended the deceased from* 6/20, 1967, *to* _____, 19___, *that I last saw the deceased alive on* Never, 19___, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: John W. Gunn (Degree or title) 588 U.P. 5

23b. ADDRESS: Ct. House, Caldwell Ida

23c. DATE SIGNED: 7/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6/24/67

24c. NAME OF CEMETERY OR CREMATORY: Terrace Lawn

24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 7/10/67

REGISTRAR'S SIGNATURE: Vera Dakan

25. EMBALMER: Leonard P. Flahiff

LICENSE NO.: E-481

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 13 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 13 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 19 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 31 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

JAN 24 1968

(a) Knowingly supply false information to any one connected with completing a death certificate.
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2522
Local Reg. No. 162
Reg. Dist. No. 362

RECEIVED JUL 14 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- Checola Drive 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): R# 4-- Checola Drive

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Broocke
c. (Last): McCULLOUGH

4. DATE OF DEATH (Month) June (Day) 20, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Sept.25, 1909
9. AGE (In years last birthday): 57 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Sales Represenative 24
10b. KIND OF BUSINESS OR INDUSTRY: Petroleum
11. BIRTHPLACE (State or foreign country): Tacoma, Washington
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: James McCullough — BIRTHPLACE: Canada
14. MOTHER'S MAIDEN NAME: Zeola C. Brook — BIRTHPLACE: Oregon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531 05 1788
17. INFORMANT'S OWN SIGNATURE: Virginia B. McCullough — ADDRESS:

18. CAUSE OF DEATH 4344
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apparent Heart Attack

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) Nampa (COUNTY) Canyon (STATE) Idaho
21d. TIME OF INJURY (Month) 6 (Day) 20 (Year) 67 (Hour) 5:20 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/20, 19__, *to* 6/20, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 5:20A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: John W. Gum 588 (Degree or title) U.P.S.
23b. ADDRESS: Ct. House, Caldwell, Ida
23c. DATE SIGNED: 6/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Gardens
24d. LOCATION (City, town, or county): Canyon County (State): Idaho

DATE REC'D BY LOCAL REG.: July 12 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: William R. Wise Jr.
LICENSE NO.: E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2523
Local Reg. No. 159
Reg. Dist. No. 360

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 027 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 148
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wilder
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Clyde	Jamieson	Gabbey	June 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 1, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Rossville, Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Frank Gabbey	Kansas	Annie Jamieson	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
		X Lula Morfitt	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Generalized arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c) ① Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ② Ca Thyroid ③ Degenerative spine osteoarthritis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 7-22-63, 19____, *to* 6-21-67, 19____, *that I last saw the deceased alive on* 6-21-67, 19____, *and that death occurred at* 6:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W D Barker 250	MD	222 East Elm--Caldwell, Idaho	6-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 24, 1967	Wilder Cemetery	Wilder, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-67	Fred G. Hunt, Deputy	Kenneth E Spencer	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 5 - 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2524
Local Reg. No. 15
Reg. Dist. No. 36

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 42 CANYON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
LENGTH OF STAY (in this place) 20 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 503 LOCUST

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO
b. COUNTY 42 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) NAMPA
d. STREET ADDRESS (If rural, give location) 503 LOCUST

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	HARRY	F.	WORKMAN	JUNE 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
MALE	WHITE	MARRIED 3	DEC. 3, 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
MECHANIC 21	AUTO	MT. GROVE, MISSOURI	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ELMER H. WORKMAN	MISSOURI	MARY B. LONG	MISSOURI

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	394-07-1882	Bob H. Workman	BOISE, IDAHO

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH: 4 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-14-67 APPX, 19___, *to* 6-21-67, 19___, *that I last saw the deceased alive on* ×, 19___, *and that death occurred at* 2:00 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
× M.D. (Degree or title)	222 East Elm CALDWELL, IDAHO	6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	6-23-67	KOHLER LAWN CEMETERY	NAMPA, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 30, 1967		M. B. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under [illegible] 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

APR 30 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2525
Local Reg. No. 136
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 142 Canyon 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. Mercy Hospital 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 148 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa -Rural
d. STREET ADDRESS (If rural, give location) R# 10 Orchard Avenue

3. NAME OF DECEASED (Type or Print) a. (First) ROBERT b. (Middle) WILLIAM c. (Last) HEITHECKER

4. DATE OF DEATH (Month) June (Day) 22, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: March 18, 1919
9. AGE (In years last birthday): 48 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ass't.Mgr. Bank-Ida.F.National
10b. KIND OF BUSINESS OR INDUSTRY: Banking
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Vinta D. Heithecker — BIRTHPLACE: Nebraska
14. MOTHER'S MAIDEN NAME: Jessie L. Ruse — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) W.W.II
16. SOCIAL SECURITY NO. 518 16 0898
17. INFORMANT'S OWN SIGNATURE Mrs Wilma Heithecker — ADDRESS Nampa Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1957 19— *to* 6-22-, 1967, *that I last saw the deceased alive on* 6-2-, 1967, *and that death occurred at* 9:50P *m., from the causes and on the date stated above.*

23a. SIGNATURE Gerald E Veeder 659 (Degree or title) M.D.
23b. ADDRESS Nampa, Idaho
23c. DATE SIGNED 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 8, 1967
REGISTRAR'S SIGNATURE: James Stuck
25. EMBALMER: Jerry J. Krouch — LICENSE NO. E-447
FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

JUL 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. If such a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2526
Local Reg. No. 158
Reg. Dist. No. 362

BIRTH NO.

RECEIVED JUL 7 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN: Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 148 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 2

3. NAME OF DECEASED (Type or Print): a. (First) CHARLES b. (Middle) FRANCIS c. (Last) GOODMAN

4. DATE OF DEATH: (Month) June (Day) 22, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 2, 1892
9. AGE (In years last birthday): 75 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Plumber 21
10b. KIND OF BUSINESS OR INDUSTRY: Plumbing
11. BIRTHPLACE (State or foreign country): Paris Texas
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Goodman
BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Sarah J. Adams
BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 442-05-3887
17. INFORMANT'S OWN SIGNATURE: X Susan L Goodman ADDRESS: Rt 2 Nampa Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1637 Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma Lung & Brain Metastasis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1956, *to* 6-22, 1967, *that I last saw the deceased alive on* 6-22, 1967, *and that death occurred at* 4:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: 245 C Horton MD (Degree or title)
23b. ADDRESS: Nampa
23c. DATE SIGNED: 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 26, 1967
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery
24d. LOCATION (City, town, or county) (State): Canyon County Idaho

DATE REC'D BY LOCAL REG.: July 8 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Jay J. Krouh
LICENSE NO.: E-447
FIRM NAME: Aysip Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2527
Local Reg. No. 157
Reg. Dist. No. 363

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R# 2 Earl Groesbeck Home 020

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 010 Ada
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Eagle- Rural
d. STREET ADDRESS (If rural, give location): R# 1

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	GUY		GROESBECK	June 22, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	March 21, 1909	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Tavern Operator 23	Entertainment	Union, Oregon	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Groesbeck	Utah	Emily Salisbury	Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-05-7217	Wick T. Groesbeck	Rupert, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Myocardial Infarction

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary Artery Disease

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Several Seizures Attested

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 6/6, 19 67, *to* ____, 19____, *that I last saw the deceased alive on* 6/22, 19 67, *and that death occurred at* 9:00A. m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 320 (Degree or title) MD	Nampa, Idaho	6/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 26, 1967	Kohlerlawn Cemetery	Nampa Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8, 1967	Jane Steck	William R. Visser	E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2528
Local Reg. No. 4
Reg. Dist. No. 360

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics Bureau

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 501 Grant Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	ETHEL	C	HENDERSON		6	23	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
F	W	Widowed	Oct. 3, 1886	80	8	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife	Self	Gramby, Colorado	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John Coine	Iowa	Anna Calhun	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No	519-20-7424A	Wanna B Henderson	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatosis

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of breast
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 5-5-54, 19—, *to* 6-23-67, 19—, *that I last saw the deceased alive on* 6-23-67, 19—, *and that death occurred at* 1:00P. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 178	MD	222 East Elm—Caldwell, Idaho	6-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/27/67	Riverside	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-1967	Vera Dakan	Ernest M. Flahiff	E393

FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2529
Local Reg. No. 158
Reg. Dist. No. 860

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 141
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 141
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 2

3. NAME OF DECEASED (Type or Print): a. (First) Martha; b. (Middle) S.; c. (Last) Josephson

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Female	Whtie	Widowed 2	Oct. 9, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Willard, Utah
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William Sanderson — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: Miria Arbin — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 519-56-7069
17. INFORMANT'S OWN SIGNATURE: Mrs Lester Engle — ADDRESS:

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 493X Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1wk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1956, *to* June 23, 1967, *that I last saw the deceased alive on* June 23, 1967, *and that death occurred at* 12-4 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Hal E Reynolds 437 (Degree or title) MD
23b. ADDRESS: Caldwell
23c. DATE SIGNED: 6/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill Cemetery
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 6-29-67
REGISTRAR'S SIGNATURE: Thera G. Hurst Deputy
25. EMBALMER: Kenneth E. Spence
LICENSE NO.: E-396

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2530
Local Reg. No. 159
Reg. Dist. No. 36

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Canyon 142
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Parkview Manor 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 142
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 203-22 Avenue South

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	MILO	W.	RUSSELL	June 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	May 27, 1882	85		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Ret. Superv. Inspector	Idaho Dept. Agriculture 08	Hope, North Dakota	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Osborne Russell	no record	Clara Webster	no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518 24 0114A	Warren M Russell	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Cerebrovascular disease with cerebral thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic prostatitis — 3 mo
Benign prostatic hypertrophy — 2 yrs
Arteriosclerotic Heart Disease — 2 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 10-28- , 1965 , *to* 6-26- , 19 67 , *that I last saw the deceased alive on* 6-26- , 19 67 , *and that death occurred at* 1:00 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Selden MD	619 So. Canyon, Nampa, Idaho	7-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1967	Hillcrest Cemetery	Canyon County Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 8, 1967	James Steck	William R Wing	E-513

FIRM NAME: Alsip Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 22 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2531
Local Reg. No. 7
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 500
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 370
b. COUNTY: Owyhee
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Homedale, Idaho
d. STREET ADDRESS (If rural, give location): Homedale

3. NAME OF DECEASED (Type or Print)
a. (First): ALICE
b. (Middle): MAGNOLIA 051
c. (Last): WALKER

4. DATE OF DEATH (Month) 6 (Day) 27 (Year) 67

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Oct 23, 1882
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 8, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Lostcreek, Tennessee
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Alvis Wilson — BIRTHPLACE: Tenn.
14. MOTHER'S MAIDEN NAME: Emaline Hill — BIRTHPLACE: Tenn

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: x Oliver J. Walker — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

334X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 10 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1959, *to* June 27, 1967, *that I last saw the deceased alive on* June 27, 1967, *and that death occurred at* 10a *m., from the causes and on the date stated above.*

23a. SIGNATURE 570 (Degree or title): [signature] MD 1
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6/29/67
24c. NAME OF CEMETERY OR CREMATORY: Wilder
24d. LOCATION (City, town, or county) (State): Wilder, Idaho

DATE REC'D BY LOCAL REG.: 7/10/67
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Lucy M. Flahiff — LICENSE NO.: E 393

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Homedale's Flahiff Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2532
Local Reg. No. 160
Reg. Dist. No. 3621

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home- 523-14th. Ave. North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
d. STREET ADDRESS (If rural, give location): 523-14th. Ave. North

3. NAME OF DECEASED (Type or Print)
a. (First): STELLA
b. (Middle): F.
c. (Last): KELLY

4. DATE OF DEATH (Month) (Day) (Year): June 28 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Dec. 3, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Warrensburg Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: George W. Warren — BIRTHPLACE: Missouri
14. MOTHER'S MAIDEN NAME: Mary E. House — BIRTHPLACE: Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S OWN SIGNATURE: Jackie L. Walworth — ADDRESS: Nampa, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Inslat

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sol. C.V. disease — yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-11- 1957, *to* 6-28, 1967, *that I last saw the deceased alive on* 6-22-, 1967, *and that death occurred at* 9:00A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Gerald E. Wesche 559 (Degree or title) MD 1
23b. ADDRESS: Nampa, Idaho
23c. DATE SIGNED: 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: July 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kuna Cemetery
24d. LOCATION (City, town, or county) (State): Kuna Idaho

DATE REC'D BY LOCAL REG.: July 8, 1967
REGISTRAR'S SIGNATURE: Jane Steck
25. EMBALMER: Terry J. Krouch — LICENSE NO. E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 18 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 7 1972

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2533
Local Reg. No. 163
Reg. Dist. No. 363

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 14 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 142 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Hospital 050

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 140 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Melba-Rural
d. STREET ADDRESS (If rural, give location): R# 1

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): E.
c. (Last): LOCKHERT

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 3, 1873
9. AGE (In years last birthday): 94 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Akron Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Henry Lockhert — BIRTHPLACE: no record
14. MOTHER'S MAIDEN NAME: Julia Sushon — BIRTHPLACE: no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 42 2341
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Family Records: By; Larry S. Brown

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*: 610 X (a) PROSTATISM WITH PYELONEPHRITIS

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) (2) ~~[illegible]~~ Uremia

DUE TO (c) OLD AGE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-20-, 19 60 *to* 6-29-, 19 67, *that I last saw the deceased alive on* 6-29-, 19 67 *and that death occurred at* 3:20 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: X [signature] 454 (Degree or title) 21 [illegible]
23b. ADDRESS: 619 So. Canyon, Nampa, Idaho
23c. DATE SIGNED: 7-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 3, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa Idaho

DATE REC'D BY LOCAL REG.: July 12, 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: William R. [signature] Jr.
LICENSE NO.: E-513

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2534
Local Reg. No. 164
Reg. Dist. No. 36

RECEIVED

Certificate of Death

STATE OF IDAHO

JUL 14 1967

Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 142 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 520-7th. Ave. North 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 142 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Nampa
d. STREET ADDRESS (If rural, give location) 520-7 Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First) Gladys
b. (Middle) Hope
c. (Last) Long

4. DATE OF DEATH (Month) (Day) (Year) June 29, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Sept. 24, 1897
9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oronogo Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Union Millspaugh — BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME Hope Stayman — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 534 26 7036
17. INFORMANT'S OWN SIGNATURE Family Records, By: Jerry J. Krause — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Inspection only, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* 3:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE Henry C Wesele MD 583 Coroner 4 (Degree or title)
23b. ADDRESS Nampa Idaho
23c. DATE SIGNED 7/6/67.

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) Nampa (State) Idaho

DATE REC'D BY LOCAL REG. July 12, 1967
REGISTRAR'S SIGNATURE Jane Steck
25. EMBALMER William R. Wise jr.
LICENSE NO. E-513

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2535
Local Reg. No. 165
Reg. Dist. No. 362

RECEIVED JUL 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: CANYON 142 — 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NAMPA
c. LENGTH OF STAY IN (this place): 16 MONTHS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): PARK VIEW MANOR 296

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO
b. COUNTY: 220 CANYON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL NAMPA
d. STREET ADDRESS (If rural, give location): ROUTE 4

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JESS	G.	PATE	JUNE 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
MALE	WHITE	MARRIED 3	MAY 5, 1887	80				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
RETIRED PIPE FITTER 08	GOVERMENT	BENGAL, OKLAHOMA	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
ELIJAH PATE	ALABAMA	MARY MOORE	ALABAMA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		442-16-1689	X Birtha Pate	NAMPA, IDAHO

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	7 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Chronic Emphysema	10 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic Brain Syndrome Arteriosclerotic Vascular Disease	15 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 4-12, 1962, *to* 4-29, 1967, *that I last saw the deceased alive on* 4-28, 1967, *and that death occurred at* 12:10 P., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
T C Horton	245 M D	NAMPA, IDAHO	6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
BURIAL	7-1-67	HILLCREST CEMETERY	CANYON COUNTY, IDAHO

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12, 1967	Jane Steele	W. O. Shepherd	473

FIRM NAME: SHEPHERD MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2536
Local Reg. No. 11
Reg. Dist. No. 360

RECEIVED JUL 14 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Canyon 14 008
b. CITY OR TOWN: Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 05

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 14
b. COUNTY: Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
d. STREET ADDRESS (If rural, give location): Rt. # 1

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Marie	E.	Flaming	June 29, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	Oct. 1, 1906	60	8	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01		Henderson, Nebraska	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George Huebert	Nebraska	Sarah Regier	Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
	566-22-6681	Herman A Flaming	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1808 Hypernephroma of Left Kidney with Metastasis To The Brain — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs. 3 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1 Jun, 19 67, *to* 29 Jun, 19 67, *that I last saw the deceased alive on* 29 Jun, 19 67, *and that death occurred at* 10:45 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Charles E. Krame, MD 295 (Degree or title)	Caldwell, Idaho	30 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 3, 1967	Hillcrest Memorial Cem.	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-12-1967	Vera Dakan	Kenneth E. Krame	E-395

FIRM NAME: Peckham-Dakan Chapel, Caldwell, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2537
Local Reg. No. 8
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 11 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 141 Canyon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Blakeley Nursing Home 177

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): 117 Cleveland

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle): SAMUEL
c. (Last): SMALLEY

4. DATE OF DEATH (Month) 6 (Day) 29 (Year) 67

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: Oct. 30, 1876
9. AGE (In years last birthday): 90 — IF UNDER 1 YEAR Months 7 Days 29 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Retired
11. BIRTHPLACE (State or foreign country): Weber City, Iowa
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Smalley — BIRTHPLACE: New Jersey
14. MOTHER'S MAIDEN NAME: Sophia Gray — BIRTHPLACE: Ohio

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: 518-54-2294
17. INFORMANT'S OWN SIGNATURE: x Lowell R Malaise — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CVA — INTERVAL BETWEEN ONSET AND DEATH: Immed

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ARTERIOSCLEROSIS, generalized 20 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. ARTERIOSCLEROTIC HEART DISEASE 10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Apr, 1967, *to* June, 1967, *that I last saw the deceased alive on* June 27, 1967, *and that death occurred at* 6:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald D Price MD 424 (Degree or title)
23b. ADDRESS: Caldwell, Ida
23c. DATE SIGNED: 6/30/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/5/67
24c. NAME OF CEMETERY OR CREMATORY: Canyon Hill
24d. LOCATION (City, town, or county) (State): Caldwell, Idaho

DATE REC'D BY LOCAL REG.: 7/10/67
REGISTRAR'S SIGNATURE: Vera Dabon
25. EMBALMER: Lucy M. Flahiff — LICENSE NO. E393
FIRM NAME: Flahiff Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2538
Local Reg. No. 9
Reg. Dist. No. 360

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 1 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 141 Canyon 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caldwell Memorial Hospital 051

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 140 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nampa-Rural
d. STREET ADDRESS (If rural, give location): R# 1

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): J.
c. (Last): OBSTARCZYK

4. DATE OF DEATH (Month) (Day) (Year): June 30, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 12, 1904
9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming 04
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Nampa Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Obstarczyk — BIRTHPLACE: Poland
14. MOTHER'S MAIDEN NAME: Anne Sapota — BIRTHPLACE: POLAND

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518 26 9287
17. INFORMANT'S OWN SIGNATURE: x Thomas D. Obstarczyk — ADDRESS: Nampa, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

410X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Rheumatic endocarditis

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Mitral & aortic stenosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Thrombophlebitis

INTERVAL BETWEEN ONSET AND DEATH: 3 WKS

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1967, *to* 6-30, 1967 *that I last saw the deceased alive on* 6-29, 1967, *and that death occurred at* 3:30A. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] 1/69
23b. ADDRESS: Caldwell Ida
23c. DATE SIGNED: 7-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: July 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Kohlerlawn Cemetery
24d. LOCATION (City, town, or county) (State): Nampa, Idaho

DATE REC'D BY LOCAL REG.: 7/10/67
REGISTRAR'S SIGNATURE: Vera Dakan
25. EMBALMER: Larry J. Krouch
LICENSE NO.: E-447

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Alsip Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2539
Local Reg. No. 16
Reg. Dist. No. 520.521

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 150 Caribou 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 031
b. COUNTY Bannock
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pocatello
d. STREET ADDRESS (If rural, give location) 107 Berryman Road

3. NAME OF DECEASED (Type or Print)
a. (First) SELMA
b. (Middle) JUNE
c. (Last) HALE

4. DATE OF DEATH (Month) (Day) (Year) May 30, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 5, 1926
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Cambridge, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME T.W. Cutright — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Helen Elizabeth — BIRTHPLACE Pa.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) XXXX
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Charles B. Hale — ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion Few minutes.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I ~~attended the deceased from~~ saw this person after death on May 30, 1967 12:30pm, 19__, to _____, 19__, ~~that I last saw the deceased alive on _____, 19__, and that death occurred at _____ m., from the causes and on the date stated above.~~*

23a. SIGNATURE Allen H. Tiger F 534 (Degree or title) M.D.
23b. ADDRESS Soda Springs, Idaho
23c. DATE SIGNED 6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY Cambridge Cemetery
24d. LOCATION (City, town, or county) (State) Cambridge, Bannock, Idaho

DATE REC'D BY LOCAL REG. 6-26-67
REGISTRAR'S SIGNATURE Darhl Cherrett
25. EMBALMER Conway Grant E-478 — LICENSE NO.

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Manning Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 28 1967

FEB 9 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 27 1967 Bureau of Vital Statistics

State File No. 2540
Local Reg. No. 17
Reg. Dist. No. 520-521

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150 b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grace
d. STREET ADDRESS (If rural, give location): 169

3. NAME OF DECEASED (Type or Print): a. (First) Paula b. (Middle) Gay c. (Last) Wilker

4. DATE OF DEATH (Month) (Day) (Year): June 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	single	Nov. 7, 1938	28				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Stock Clerk 25	J.C. Penney Co.	Soda Springs, Idaho	U.S.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Grover H. Wilker	Paris, Idaho	Vonda Hansen	Mink Creek, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		Elwood G. Wilker	Grace, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

3318

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June 5, 1967 *to* June 5, 1967 *that I last saw the deceased alive on* June 5, 1967 *and that death occurred at* 9:15 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Allen H. Tuft 534 M.D.	Soda Springs, Idaho	6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/8/67	Grace Cemetery	Grace, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-26-67	Darle Cherrett	Theodore Allen	E370

Federal Security Agency
United States Public Health Service

Form DH-69021

FIRM NAME: Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2541
Local Reg. No. 15
Reg. Dist. No. 520-521

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Caribou 150 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): DOA at County Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 210
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston Rural
d. STREET ADDRESS (If rural, give location): Route #1

3. NAME OF DECEASED (Type or Print)
a. (First): Courtney
b. (Middle): Lund
c. (Last): Howell

4. DATE OF DEATH (Month) (Day) (Year): Jun 12, 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married 1
8. DATE OF BIRTH: Jan 8, 1944
9. AGE (In years last birthday): 23 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Welders Helper 21
10b. KIND OF BUSINESS OR INDUSTRY: Industrial labor
11. BIRTHPLACE (State or foreign country): Whitney, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph Howell — BIRTHPLACE: Clifton, Idaho
14. MOTHER'S MAIDEN NAME: Therma Lund — BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-64-6422
17. INFORMANT'S OWN SIGNATURE: Mrs Clair Smith — ADDRESS: Ogden, Utah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9023

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture — INTERVAL BETWEEN ONSET AND DEATH: few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Mountain Fuel Plant 3
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Soda Springs 13 Caribou 150 Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 12 1967 11:00 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Fell off steel beam on to a steel grating.

22. *I hereby certify that I attended the deceased from* D.O.A., 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 11:00 a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Russell Figert 535 (Degree or title) M.D. 1
23b. ADDRESS: Soda Springs Idaho
23c. DATE SIGNED: 6/22/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: Jun 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Whitney Cemetery
24d. LOCATION (City, town, or county) (State): Whitney, Franklin, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67
REGISTRAR'S SIGNATURE: Darhl Cherrett
25. EMBALMER: Douglas S. Webb — LICENSE NO. 488

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 21 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2542
Local Reg. No. 13
Reg. Dist. No. 520-521

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 150 CARIBOU 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BANCROFT, IDAHO
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) At home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 150
b. COUNTY Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft, Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Harold
c. (Last) Toolson

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Dec. 28, 1902
9. AGE (In years last birthday): 64 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster 08
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Turner, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George A. Toolson — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Laura Priscilla Raymond — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-10-8317
17. INFORMANT'S OWN SIGNATURE: Syble Toolson — ADDRESS: Bancroft, Idaho

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Saw the patient dead on 19 *to* 6/12, 1967, *that I last saw the deceased alive on* 19, *and that death occurred at* 11:15 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Allen H. Tigert M.D. 534 (Degree or title)
23b. ADDRESS: Soda Springs, Idaho
23c. DATE SIGNED: 6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 15, 1967
24c. NAME OF CEMETERY OR CREMATORY: Bancroft Cemetery
24d. LOCATION (City, town, or county) (State): Bancroft, Idaho

DATE REC'D BY LOCAL REG.: 6-15-67
REGISTRAR'S SIGNATURE: Darhl Cherritt
25. EMBALMER: Nile Matthews — LICENSE NO. E359

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Matthews Matthews

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2543
Local Reg. No. 12
Reg. Dist. No. 520-21

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Caribou 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs,
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington b. COUNTY 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wenatchee
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) Ernest H. Melton

4. DATE OF DEATH (Month) (Day) (Year) June 13, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH May 6, 1890
9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Izard County, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME John Melton BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME unknown BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Doris Newman ADDRESS Wenatchee, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8254

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crushed Skull — INTERVAL BETWEEN ONSET AND DEATH Instnt

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hiway #30 06
21c. (CITY, TOWN, OR TOWNSHIP) Soda Spring 13 (COUNTY) Caribou 50 (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 13, 1967 m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒ 2
21f. HOW DID INJURY OCCUR? Caught between auto-mobile and tree during skid.

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Theadore S. Allen 583 (Degree or title) Coroner
23b. ADDRESS Soda Spring Idaho
23c. DATE SIGNED 6/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/14/67
24c. NAME OF CEMETERY OR CREMATORY Wenatchee Cemetery
24d. LOCATION (City, town, or county) Wenatchee, Washington (State)

DATE REC'D BY LOCAL REG. 6-14-67
REGISTRAR'S SIGNATURE Darl Cherrett
25. EMBALMER Theadore S Allen
LICENSE NO. E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Allen Funeral Home

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2544
Local Reg. No. 14
Reg. Dist. No. 520-521

BIRTH NO.

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Caribou 158 077
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Caribou County Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 150
b. COUNTY: Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Soda Springs
d. STREET ADDRESS (If rural, give location): 241 South 3rd West

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) 069 c. (Last): Glenn Joseph Spackman

4. DATE OF DEATH: (Month) (Day) (Year): June 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
male	white	married 3	Feb. 6, 1920	47				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): accountant 19
10b. KIND OF BUSINESS OR INDUSTRY: Monsanto Co.
11. BIRTHPLACE (State or foreign country): Preston, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Joseph H. Spackman — BIRTHPLACE: Provo, Utah
14. MOTHER'S MAIDEN NAME: Iris Jensen — BIRTHPLACE: Preston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes
(If yes, give war or dates of service): W.W.II 4
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Norma L. Spackman — ADDRESS: Soda Springs, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 1/2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED: WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12 June, 1967, *to* 13 June, 1967, *that I last saw the deceased alive on* 13 June, 1967, *and that death occurred at* 12:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lonnie Tigert 535 MD	Soda Springs Idaho	6/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/16/67	Whitney Cemetery	Whitney, Franklin, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-21-67	Darle Cherriet	Theodore A. Allen	E370

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Allen Funeral Home

DUTIES:

JUN 26 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 12 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 25 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 15 1968

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2545
Local Reg. No. 18
Reg. Dist. No. 520-521

Certificate of Death

RECEIVED
JUL 13 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 150 Caribou 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Soda Springs
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Caribou County Hospital 064

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 150 Caribou
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bancroft
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last) Angus Harvey Rawlins

4. DATE OF DEATH (Month) (Day) (Year) June 29, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH June 29, 1890
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian-retired 41
10b. KIND OF BUSINESS OR INDUSTRY Schools
11. BIRTHPLACE (State or foreign country) Auburn, Wyoming
12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME Samuel Rawlins — BIRTHPLACE Draper, Utah
14. MOTHER'S MAIDEN NAME Sarah Elizabeth Van Orden — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W.I 3
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Emily Ethel Rawlins — ADDRESS Bancroft, Idaho

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 8 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 9 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1963, *to* 6/29, 1967, *that I last saw the deceased alive on* 6/29, 1967, *and that death occurred at* 2:33 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE Allen H. Tuyst 534 (Degree or title) MD
23b. ADDRESS Soda Springs, Ida
23c. DATE SIGNED 7/3/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 7/3/67
24c. NAME OF CEMETERY OR CREMATORY Bancroft Cemetery
24d. LOCATION (City, town, or county) (State) Bancroft, Idaho

DATE REC'D BY LOCAL REG. 7-10-67
REGISTRAR'S SIGNATURE Darhl Cherrett
25. EMBALMER Theodore S Allen
LICENSE NO. E370

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME Allen Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2546
Local Reg. No. 1708
Reg. Dist. No. 470

RECEIVED
JUN 16 1967
Bureau of V. S.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 161 Cassia 007
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 13
b. COUNTY 048 Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Heyburn
d. STREET ADDRESS (If rural, give location) 1325- 19th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Roy
b. (Middle) Boone 070
c. (Last) Pyle

4. DATE OF DEATH (Month) (Day) (Year) June 3, 1967

5. SEX male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH April 17, 1900

9. AGE (In years last birthday) 67
IF UNDER 1 YEAR Months 1 Days 16
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Contractor 11

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (State or foreign country) Hamilton, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Louis Pyle,
BIRTHPLACE Missouri

14. MOTHER'S MAIDEN NAME Sarah Elizabeth Groves,
BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) - - - -

16. SOCIAL SECURITY NO. 518-18-1005

17. INFORMANT'S OWN SIGNATURE Mrs Leone Pyle
ADDRESS Heyburn Idaho Box 58

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocarditis 4201
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Insufficiency
DUE TO (c) Coronary Thrombosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Congestive Cardiac Failure

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1967, *to* 6-3, 1967, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 8:30 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE 276 (Degree or title)

23b. ADDRESS Burley

23c. DATE SIGNED 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE June 6, 1967

24c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery

24d. LOCATION (City, town, or county) (State) Heyburn, Minidoka Co. Idaho

DATE REC'D BY LOCAL REG. June 12 1967

REGISTRAR'S SIGNATURE Ruth H. Pearson

25. EMBALMER Ormand J. Burch

LICENSE NO. E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2547
Local Reg. No. 1709
Reg. Dist. No. 470

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: 161 Cassia 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (In this place): None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 161 Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 1810 Overland Ave.

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Perry c. (Last) Arnett

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1967

5. SEX: Male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Dec. 28, 1927

9. AGE (In years last birthday): 39
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Musician 23

10b. KIND OF BUSINESS OR INDUSTRY: Entertainment

11. BIRTHPLACE (State or foreign country): Childerburg, Alabama

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Mynus W. Arnett
BIRTHPLACE: Calhoun Co, Ala.

14. MOTHER'S MAIDEN NAME: Thula Mae Barnett
BIRTHPLACE: Talladega, Ala.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): Korean 7

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE: x Norma Arnett
ADDRESS: Burley

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Malignant Lymphosarcoma - Leukemia
INTERVAL BETWEEN ONSET AND DEATH: 6-10 Months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-19-66, 19___, *to* 6-1-67, 19___, *that I last saw the deceased alive on* 6-19-67, 19___, *and that death occurred at* 5:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 526 MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6/6/67

24c. NAME OF CEMETERY OR CREMATORY: Talladega Cemetery

24d. LOCATION (City, town, or county) (State): Talladega, Alabama

DATE REC'D BY LOCAL REG.: June 12 1967

REGISTRAR'S SIGNATURE: Beth H Pearson

25. EMBALMER

LICENSE NO.: E-389

FIRM NAME: Paine Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 1 6 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 7 1969

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2548
Local Reg. No. 1711
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 16 Cassia 130
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
LENGTH OF STAY (in this place) 30 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY 16 Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 436 West 9th Street

3. NAME OF DECEASED (Type or Print) a. (First) Nellie b. (Middle) Blanche c. (Last) Klusman

4. DATE OF DEATH (Month) (Day) (Year) June 6, 1967

5. SEX female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Nov. 7, 1902

9. AGE (In years last birthday) 64 | IF UNDER 1 YEAR Months 6 Days 29 | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Broken Bow, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Govier, BIRTHPLACE England

14. MOTHER'S MAIDEN NAME Rebecca Beemer, BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) — — — —

16. SOCIAL SECURITY NO. 518-30-2863

17. INFORMANT'S OWN SIGNATURE Twin Falls ADDRESS Sarah Horn 1818 Falls ave Est.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Generalized Convulsive Seizure — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Malignant Hypertensive arteriosclerotic - renal — ?
DUE TO (c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Huge non-toxic goitre — 40 yrs

19a. DATE OF OPERATION none

19b. MAJOR FINDINGS OF OPERATION obesity-Diabetes Mellitus

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* 6-6-, 1967, *that I last saw the deceased alive on* 10-5-, 19 67, *and that death occurred at* 2:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE R Hutton (Degree or title) 514 MD

23b. ADDRESS Burley Idaho

23c. DATE SIGNED 6/19/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 9, 1967

24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery

24d. LOCATION (City, town, or county) Burley, (State) Idaho

DATE REC'D BY LOCAL REG. June 16-1967

REGISTRAR'S SIGNATURE Buck A. Pearson

25. EMBALMER Ormand Finch

LICENSE NO. E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

SEP 7 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2549
Local Reg. No. 1713
Reg. Dist. No. 470

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 161 Cassia 305
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) May
b. (Middle) 070
c. (Last) Nelson

4. DATE OF DEATH (Month) June (Day) 7, (Year) 1967

5. SEX female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married 1
8. DATE OF BIRTH April 29, 1887
9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR Months 1 Days 9 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Swanty Nelson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Charlotte Johnson, — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) - - - -
16. SOCIAL SECURITY NO. 518-60-9087T
17. INFORMANT'S OWN SIGNATURE Cherry Nelson — ADDRESS Oakley, Idaho

18. CAUSE OF DEATH 1551
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Irreversible Shock — INTERVAL BETWEEN ONSET AND DEATH 7 hr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Exploratory Laparotomy — 30 min
DUE TO (c) Carcinoma of Gall

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Bladder c̄ extensive Liver Metastasis — ?

19a. DATE OF OPERATION 6-7-67
19b. MAJOR FINDINGS OF OPERATION CA - Gall Bladder
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4/26/1965, *to* 6-7-, 1967, *that I last saw the deceased alive on* 6-7-, 1967, *and that death occurred at* 9:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE R P Sutton 514 (Degree or title) M D
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 6-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 10, 1967
24c. NAME OF CEMETERY OR CREMATORY Oakley Cemetery
24d. LOCATION (City, town, or county) Oakley, (State) Idaho

DATE REC'D BY LOCAL REG. June 21, 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Ormand F Burch
LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended Sept 22, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2550
Local Reg. No. 1710
Reg. Dist. No. 470

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 16 Cassia 150
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 50 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital 070

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Cassia 16
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 827 Overland Avenue

3. NAME OF DECEASED (Type or Print) a. (First) Pearl b. (Middle) c. (Last) Barr

4. DATE OF DEATH (Month) June (Day) 9, (Year) 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH Oct. 19, 1899

9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months 7 Days 21 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) American Fork, Utah

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Joseph Lamoni Kelly — BIRTHPLACE Salt Lake City, Utah

14. MOTHER'S MAIDEN NAME Nancy Ann Hales — BIRTHPLACE Peterson, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) ------

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE Irene B. Clark — ADDRESS 518 E. 13th St., Burley, Idaho

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 15 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Artherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis, Osteoporosis Emphysema — Several Years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 19 64 *to* June 9, 19 67, *that I last saw the deceased alive on* June 9, 19 67, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE 283 (Degree or title) J. R. Kircher, M.D. /

23b. ADDRESS Burley, Idaho

23c. DATE SIGNED 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 13, 1967

24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cemetery

24d. LOCATION (City, town, or county) Burley, Idaho (State)

DATE REC'D BY LOCAL REG. June 16, 1967

REGISTRAR'S SIGNATURE Beth H. Pearson

25. EMBALMER Ormand F. Burch

LICENSE NO. E-471

FIRM NAME: McCulloch Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend an Original Certificate of Birth or Death

RECEIVED
SEP 15 1967
Bureau of Vital Statistics

State of Idaho
County of Cassia } ss.

Certificate No.

Date Filed June 19, 1967

The undersigned does solemnly swear that certain items on the certificate of death
(Birth or Death)
for Pearl Barr (Name on Original Certificate) who died (Was Born or Died) on June 9, 1967 (Date of Event)
in Burley, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the
true facts are shown by Church Record (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
#14 Mother's Name	Nancy Ann Holes	Nancy Ann Hales
Place of Birth of Mother	American Fork, Utah	Peterson, Utah

Subscribed and sworn to before me this 14 day of August, 1967

Notary Public, residing at Burley Idaho

My commission expires March 4-1970

(Seal)

Signed Irene B. Clark
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

518-E. 13th St. Burley Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of Idaho
County of Cassia } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 17 day of September, 1967

Notary Public, residing at Burley Idaho

My commission expires March 4-1970

(Seal)

Signed Phyllis Hays
(Signature of Any Credible Person)

1017-3rd St. Rupert Idaho.
(Street Address, City, State)

FORM DH 60-156

L. 7-17-67

June 19, 1967

death

June 9, 1967

Pearl Barr

Surrey, Idaho

Nancy Ann Holes

American Fork, Utah

Nancy Ann Hales

Peterson, Utah

STATE OF IDAHO

NOTARY PUBLIC

STATE OF IDAHO

NOTARY PUBLIC

State File No. 2550
Local Reg. No. 1710
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
c. LENGTH OF STAY (in this place): 50 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley
d. STREET ADDRESS (If rural, give location): 827 Overland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First): Pearl
b. (Middle):
c. (Last): Barr

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1967

5. SEX: female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Oct. 19, 1899
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months 7, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): American Fork, Utah
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME — BIRTHPLACE: Joseph Lamoni Kelly, Salt Lake City Utah
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Nancy Ann Holes, American Fork, Ut.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE — ADDRESS: Irene B. Clark - 516 E. 13th St. Burley Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 15 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arthrosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Rheumatoid Arthritis, Osteoporosis, Emphysema — several years.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan 10, 1964, *to* June 9, 1967, *that I last saw the deceased alive on* June 9, 1967, *and that death occurred at* 8:45 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. Bircher MD
23b. ADDRESS: Burley Idaho
23c. DATE SIGNED: 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery,
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 16, 1967
REGISTRAR'S SIGNATURE: Beth H. Pearson
25. EMBALMER: Ormand F. Burch
LICENSE NO.: E-471

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 23 1967

SEP 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2551
Local Reg. No. 1712
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
LENGTH OF STAY (in this place): 71 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 311 W. Poplar

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Oakley
d. STREET ADDRESS (If rural, give location): 311 W. Poplar

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) Albert c. (Last) Stanger

4. DATE OF DEATH: (Month) (Day) (Year): June 10, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: July 4, 1888

9. AGE (In years last birthday): 78
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Ogden, Utah

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Thomas James Stanger — BIRTHPLACE: Ogden, Utah

14. MOTHER'S MAIDEN NAME: Hannah Williams — BIRTHPLACE: Cardiff, Wales

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes
(If yes, give war or dates of service): WW I

16. SOCIAL SECURITY NO.: 519-03-1419

17. INFORMANT'S OWN SIGNATURE: Polly D. Stanger — ADDRESS: Oakley Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4-5 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): arteriosclerotic Heart Disease — ?
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Chronic Tuberculosis — 4-5 yrs

19a. DATE OF OPERATION: none

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): none

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948, 19____, *to* June 10 1967, *that I last saw the deceased alive on* June 1, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: R Hutton 514 (Degree or title): MD

23b. ADDRESS: Burley Idaho

23c. DATE SIGNED: 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Oakley Cemetery

24d. LOCATION (City, town, or county) (State): Oakley, Idaho

DATE REC'D BY LOCAL REG.: June 16 1967

REGISTRAR'S SIGNATURE: Burt A. Pearson

25. EMBALMER: [signature]

LICENSE NO.: E389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUL 24 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2552
Local Reg. No. 1714
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUN 27 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 16 Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (In this place) none
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Oakley
d. STREET ADDRESS (If rural, give location) ******

3. NAME OF DECEASED (Type or Print)
a. (First) Zealanda
b. (Middle) Bell
c. (Last) Martin

4. DATE OF DEATH (Month) (Day) (Year) June 14, 1967

5. SEX female
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH Aug. 8, 1905
9. AGE (In years last birthday) 61 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 51
10b. KIND OF BUSINESS OR INDUSTRY home
11. BIRTHPLACE (State or foreign country) Whangarei, New Zealand
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. Fred Adams - Tooele, Utah
BIRTHPLACE
14. MOTHER'S MAIDEN NAME Geneva Elison - Oakley, Idaho
BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-34-2708
17. INFORMANT'S OWN SIGNATURE Thurman J. Martin
ADDRESS Twin Falls

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute Respiratory Obstruction — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) metastasis from — 9-10 yrs.
DUE TO (c) adeno Carcinoma of thyroid

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. (Pt had tracheostomy)

19a. DATE OF OPERATION 1958
19b. MAJOR FINDINGS OF OPERATION C. A. thyroid c metastasis
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) none
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) none m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1958, 19__, to 6-14-1967, *that I last saw the deceased alive on* D.O.A., 19__, *and that death occurred at* 3:00 A.M., *from the causes and on the date stated above.*

23a. SIGNATURE R Sutton 5/4 (Degree or title) M D
23b. ADDRESS Burley Idaho
23c. DATE SIGNED 6-15-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE 6/17/67
24c. NAME OF CEMETERY OR CREMATORY Basin Cemetery
24d. LOCATION (City, town, or county) (State) Oakley, Idaho

DATE REC'D BY LOCAL REG. June 21, 1967
REGISTRAR'S SIGNATURE Bud A. Pearson
25. EMBALMER Martin Payne
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 8 1981

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2553
Local Reg. No. 1716
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

BIRTH NO. 66-12425

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 161 Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 160 Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Murtaugh
d. STREET ADDRESS (If rural, give location) Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First) Jeffery
b. (Middle) 070 Carl
c. (Last) Stone

4. DATE OF DEATH (Month) (Day) (Year) June 18, 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Dec. 8, 1966
9. AGE (In years last birthday) IF UNDER 1 YEAR Months 6 Days 10 IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Twin Falls, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joe Bill Stone - BIRTHPLACE Mt. Home, Arkansas
14. MOTHER'S MAIDEN NAME Roberta Karen Latta - BIRTHPLACE Abilene, Kan.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. none
17. INFORMANT'S OWN SIGNATURE Joe B. Stone - ADDRESS Murtaugh Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

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MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Crib death - possible convulsive
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) DOA Hospital
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH moments

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home. 01
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 161 (STATE) Burley Cassia Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 6-18-67 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? unknown

22. *I hereby certify that I attended the deceased from* Investigated the death *, 19 , to* , 19 , *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Leslie L Fillmore MD 583 (Degree or title) Coroner
23b. ADDRESS Box 657 Burley Ida
23c. DATE SIGNED 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/20/67
24c. NAME OF CEMETERY OR CREMATORY Pleasant View
24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. June 27, 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER [signature]
LICENSE NO. E-389
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2554
Local Reg. No. 1715
Reg. Dist. No. 470

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Cassia 160
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley, Rural
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Snake River (400 West)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Cassia 160
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Burley, Rural
d. STREET ADDRESS (If rural, give location): Star Park

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Michael c. (Last) Peacock

4. DATE OF DEATH (Month) (Day) (Year): June 18, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): never married

8. DATE OF BIRTH: Oct. 15, 1963

9. AGE (In Years last birthday): 3 | IF UNDER 1 YEAR Months: | Days: | IF UNDER 24 HRS. Hours: | Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child

10b. KIND OF BUSINESS OR INDUSTRY: x x x x

11. BIRTHPLACE (State or foreign country): Witchita Falls, Texas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Michael Peacock — BIRTHPLACE: Burley, Id.

14. MOTHER'S MAIDEN NAME: Joyce Paice — BIRTHPLACE: California

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no | (If yes, give war or dates of service): x x x

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: George M Peacock — ADDRESS: Anchorage Alaska

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Drowning — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Rural

21c. (CITY, TOWN, OR TOWNSHIP): 3 (COUNTY): 160 (STATE): Ida.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 18 67 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?: Fell in river

22. *I hereby certify that I attended the deceased from* June 16, 1967, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 1½ *m., from the causes and on the date stated above.*

23a. SIGNATURE: Leslie L Fellmer MD (Degree or title): Coroner

23b. ADDRESS: Box 657 Burley Idaho

23c. DATE SIGNED: 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/23/67

24c. NAME OF CEMETERY OR CREMATORY: Pleasant View Cemetery

24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: June 27 1967

REGISTRAR'S SIGNATURE: Bess N. Pearson

25. EMBALMER: Gordon Payne

LICENSE NO.: E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 5 1967

AUG 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. If she a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2555
Local Reg. No. 1717
Reg. Dist. No. 470

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 10 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 161 Cassia 155
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (in this place) 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley (Rural)
d. STREET ADDRESS (If rural, give location) 400 So. 600 East.

3. NAME OF DECEASED (Type or Print)
a. (First) Carolina
b. (Middle) Pehrson 070
c. (Last) Johnson

4. DATE OF DEATH (Month) (Day) (Year) June 26, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 1, 1880
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Vingaker, Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Gustaf Pehrson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Ingrid Larsdotter — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) x x x
16. SOCIAL SECURITY NO. 518-46-4353
17. INFORMANT'S OWN SIGNATURE H. Fredrick Johnson — ADDRESS Rt. #1 Burley Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Pneumonia — several days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-22, 1967, *to* 6-26, 1967, *that I last saw the deceased alive on* 6-26, 1967, *and that death occurred at* 3:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 709 (Degree or title)
23b. ADDRESS 1335 Albion
23c. DATE SIGNED 7-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 06/29/1967
24c. NAME OF CEMETERY OR CREMATORY Pleasant View Cem.
24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. July 7 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Retta S. Payne — LICENSE NO. E-358
FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAR 31 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law; it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2556
Local Reg. No. 1718
Reg. Dist. No. 470

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUL 14 1967

1. PLACE OF DEATH
a. COUNTY 161 Cassia
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
c. LENGTH OF STAY (If outside corporate limits, write RURAL and give township) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Cassia Memorial Hospital 010

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 161 Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 434 Overland Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) Wesley
b. (Middle) Monroe
c. (Last) Osterhout

4. DATE OF DEATH (Month) June (Day) 30, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 7, 1907
9. AGE (In years last birthday) 59 — IF UNDER 1 YEAR: Months 8, Days 23 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Elba, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Benjamin Osterhout, BIRTHPLACE Willard, Utah
14. MOTHER'S MAIDEN NAME Ida Elezabeth Sparks, BIRTHPLACE Coalville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) - - -
16. SOCIAL SECURITY NO. 518-09-3261
17. INFORMANT'S OWN SIGNATURE Alta B Osterhout, ADDRESS Burley Ida 434 Overland

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 151X Toxemia of Adenocarcinoma of stomach with metastasis — INTERVAL BETWEEN ONSET AND DEATH: 5 Mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchial Asthma — 5 yr
Emphysema So — 5 yr

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 8-28-54, *19*___, *to* 6-30-67, *19*___, *that I last saw the deceased alive on* 6-30-67, *19*___, *and that death occurred at* 12:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 526 (Degree or title) 1
23b. ADDRESS Burley, Idaho
23c. DATE SIGNED 7-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE July 3, 1967
24c. NAME OF CEMETERY OR CREMATORY Declo Cemetery
24d. LOCATION (City, town, or county) Declo, (State) Idaho

DATE REC'D BY LOCAL REG. July 12 1967
REGISTRAR'S SIGNATURE Beth H. Pearson
25. EMBALMER Ormand F Burch
LICENSE NO. E-471

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: McCulloch Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2557
Local Reg. No. 50
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: 18 Clearwater — 115
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY IN (In this place): 15 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 413 Johnson Ave. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho — 18 b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 413 Johnson Ave.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Robert	Johan	Hogberg	June 5, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
male	white	single	June 13, 1895	71				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Woods worker	lumber	Sweden	Sweden

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unkown		Unknown	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	518-01-219	Lyle A. Strottman	Orofino

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

4221

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio vascular accident — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., In or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* never, 19____, *to* ____, 19____, *that I last saw the deceased alive on* ____, 19____, *and that death occurred at* 10:00p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jerry D. Wunderlich 583	Coroner	Orofino, Idaho	June 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	6-7-67	Riverside	Orofino, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 13, 1967	June M. Powell	Lyle A. Strottman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2558
Local Reg. No. 55
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180 304
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (in this place) 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180
b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Headquarters
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) ALEX
b. (Middle) 073
c. (Last) LEHTO

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Oct. 5, 1891
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woodsworker 17
10b. KIND OF BUSINESS OR INDUSTRY timber
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY? unk.

13. FATHER'S NAME Paodvo Lehto — BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Mary Murtogon — BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-2221
17. INFORMANT'S OWN SIGNATURE Josephine K. Gilbert jp — ADDRESS Orofino, Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Renal failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Chronic Renal disease
DUE TO (c) Arteriosclerosis generalized

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Acute Cardiac decompensation

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19__, to June 6, 1967, that I last saw the deceased alive on 6 June, 1967, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Marie Cumber 340 (Degree or title) 1
23b. ADDRESS Orofino Idaho
23c. DATE SIGNED 15 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) burial
24b. DATE June 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Riverside
24d. LOCATION (City, town, or county) Orofino (State) Idaho

DATE REC'D BY LOCAL REG. June 27, 1967
REGISTRAR'S SIGNATURE June M. Powell
25. EMBALMER Lyle A. Strottmann
LICENSE NO. 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2559
Local Reg. No. 49
Reg. Dist. No. 210

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 412
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 12 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp. 073

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Susan
b. (Middle): Carrie
c. (Last): Bennett

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Nov. 6, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): house wife 01
10b. KIND OF BUSINESS OR INDUSTRY: own home
11. BIRTHPLACE (State or foreign country): Chetopa, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Jacob Stubler — BIRTHPLACE: Austria
14. MOTHER'S MAIDEN NAME: Mary E. Pierce — BIRTHPLACE: Spain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 519-60-5310
17. INFORMANT'S OWN SIGNATURE: T Lee Bennett — ADDRESS: Weippe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

260X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): diabetes uncontrolled

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1959, 19__, *to* 6-7-67, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 7:00 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Pappenhagen 405 MD
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 6-10-67
24c. NAME OF CEMETERY OR CREMATORY: Weippe
24d. LOCATION (City, town, or county) (State): Weippe, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1967
REGISTRAR'S SIGNATURE: June M. Powell
25. EMBALMER: Fyl A. Stottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to:

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2560
Local Reg. No. 51
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
c. LENGTH OF STAY (in this place): 8 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Weippe
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	LESTER	MYRL	BRAY	June 11 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
male	white	married 3	June 15, 1908	58		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Foreman 26	Food Processing	Pleasant Hill, Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Clarence Bray	Illinois	Ethel May Windmiller	Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-09-2993	X Clarence D. Bray	Portland, Ore.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myo Cardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* never, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* 7:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James D. Wunderlich 583 Coroner	Orofino Idaho	June 11 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 14, 1967	Sandberg-Hill FH	Blackfoot Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 13, 1967	June M. Rowell	Lyle A. Stratton	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2561
Local Reg. No. 52
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 121
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 21 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Own Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 438 Michigan

3. NAME OF DECEASED (Type or Print)
a. (First): ALBERT
b. (Middle): J.
c. (Last): HAYDEN

4. DATE OF DEATH (Month) (Day) (Year): June 11 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 1, 1904
9. AGE (In years last birthday): 62 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Hardware
11. BIRTHPLACE (State or foreign country): Graceville, Minn.
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Thomas Hayden — BIRTHPLACE: Minnesota
14. MOTHER'S MAIDEN NAME: Lillie Duboid — BIRTHPLACE: Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes — (If yes, give war or dates of service): WW II 4
16. SOCIAL SECURITY NO.: 518-10-2835
17. INFORMANT'S OWN SIGNATURE: X Layle M Hayden — ADDRESS: Orofino Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): acute Heart attack

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): myocardial infarction
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Raynauds disease

INTERVAL BETWEEN ONSET AND DEATH: 1964

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1954, 19__, *to* 6-12, 1967, *that I last saw the deceased alive on* 2-28-67, 19__, *and that death occurred at* 6:19 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): A B Pappenhagen 40.5 M.D.
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: June 14, 1967
REGISTRAR'S SIGNATURE: June M. Rowell
25. EMBALMER: Lyle A. Strothmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

JUN 21 1967

JUN 26 1967

AUG 29 1979

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 27 1967 Bureau of Vital Statistics

State File No. 2562
Local Reg. No. 23
Reg. Dist. No. 210

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Clearwater 180
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
c. LENGTH OF STAY (In this place) 4 months
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY Nez Perce 204
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 317 17th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	O.	WRIGHT	June	14	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	June 18, 1894	72				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Logger & farmer 17		Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Samuel Wright	Missouri	Viola Baker	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	—	518-14-5855	Christine Records	Orofino, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1930

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bilateral hypostatic bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Brain tumor (inoperable malignancy) — 6 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Chronic brain syndrome with psychosis — Indefinite

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* April 19, 19 67, *to* June 14, 19 67, *that I last saw the deceased alive on* June 14, 19 67 *and that death occurred at* 12:50 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
William M. Russell 595	M.D.	Box 672 Orofino, Idaho	June 14, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	June 14, 1967	Normal Hill Cemetery	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-15-67	June M. Powell	Andrew H. Vassar	E315

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JAN 8 1973

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED

Certificate of Death

STATE OF IDAHO

State File No. 2563
Local Reg. No. 54
Reg. Dist. No. 210

BIRTH NO.

JUN 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 304
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater Valley Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Clearwater 180
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): 202 B Street

3. NAME OF DECEASED (Type or Print): a. (First) Frederik b. (Middle) George 073 c. (Last) Frederiksen

4. DATE OF DEATH: (Month) June (Day) 19, (Year) 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Aug. 28, 1874

9. AGE (In years last birthday): 92 | If under 1 year: Months / Days | If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Copenhagen, Denmark

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Frederik Frederiksen — BIRTHPLACE: Denmark

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT'S OWN SIGNATURE: Mrs. Chris Frederiksen — ADDRESS: Orofino

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Pneumonia	5d.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Fx ribs	4d.
DUE TO (c)	CVA	4d.
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Gen. arteriosclerosis	6yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY: (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-14, 1967 *to* 6-19, 1967, *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* 6 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) — **23b. ADDRESS**: Orofino Idaho — **23c. DATE SIGNED**: 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: 6-22-67

24c. NAME OF CEMETERY OR CREMATORY: Teakean

24d. LOCATION (City, town, or county) (State): Teakean, Idaho

DATE REC'D BY LOCAL REG.: June 20, 1967

REGISTRAR'S SIGNATURE: June M. Powell

25. EMBALMER: [signature] — **LICENSE NO.**: 476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS ~~COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for~~ less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2564
Local Reg. No. 56
Reg. Dist. No. 210

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: Clearwater 180

b. CITY OR TOWN: Orofino

c. LENGTH OF STAY (in this place): 1 yr 2 mos

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 35

b. COUNTY: Nez Perce 201

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston

d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	CHARLES	L.	KAVANAUGH	June 21 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 1 DAY: Hours / Min.
Male	White	Divorced 4	February 9, 1900	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumberjack 17	Logging	Illinois	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James W. Kavanaugh	Illinois	Elaine Soyar	Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	—	519-02-9322	Christine Plourde Records	Orofino, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Bronchopneumonia, bilateral	3 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)	Arteriosclerotic heart disease	Many years
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Chronic brain syndrome due to arteriosclerosis	Many years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Feb. 9, *19* 67, *to* June 21, *1967*, *that I last saw the deceased alive on* June 21, *19* 67, *and that death occurred at* 8:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
595 William M. Russell	M.D. 1	Box 672, Orofino, Idaho	June 22, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 27, 1967	Riverside	Orofino Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 27, 1967	June M. Russell	Lyle A. Strattman	476

FIRM NAME: GILBERT'S FUNERAL CHAPEL

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2565
Local Reg. No. 57
Reg. Dist. No. 210

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 1 wk.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): CV Hospital 023

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
d. STREET ADDRESS (If rural, give location): White Hotel

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle):
c. (Last): ROACH

4. DATE OF DEATH (Month) (Day) (Year): June 26 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): unknown 0
8. DATE OF BIRTH: April 1, 1901
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY: Timber--farms
11. BIRTHPLACE (State or foreign country): Main River, New Brunswick
12. CITIZEN OF WHAT COUNTRY?: unk.

13. FATHER'S NAME: Anthony Roach — BIRTHPLACE: New Brunswidk
14. MOTHER'S MAIDEN NAME: Marie Robichand — BIRTHPLACE: New Brunswick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-01-2149
17. INFORMANT'S OWN SIGNATURE: Josephine K. Duff — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

163X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Adeno CA of lung — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1964, 19__, *to* 6-26, 1967, *that I last saw the deceased alive on* 6-26, 1967, *and that death occurred at* 7 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 038 (Degree or title)
23b. ADDRESS: Orofino, Idaho
23c. DATE SIGNED: 6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 29, 1967
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county): Orofino (State): Idaho

DATE REC'D BY LOCAL REG.: July 6, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann — LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2566
Local Reg. No. 58
Reg. Dist. No. 210

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Clearwater 180 143
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino
c. LENGTH OF STAY (in this place): 43 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital North 074

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Unknown 00
b. COUNTY: Unknown 000
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Unknown
d. STREET ADDRESS (If rural, give location): Unknown

3. NAME OF DECEASED (Type or Print)
a. (First): CHARLES
b. (Middle):
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): June 28 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: 1889
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Lumberman 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumber
11. BIRTHPLACE (State or foreign country): Sweden
12. CITIZEN OF WHAT COUNTRY?: Unknown

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 518-60-9855
17. INFORMANT'S OWN SIGNATURE: Christine Plaucell — Records — ADDRESS: Orofino, Idaho

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute heart failure — INTERVAL BETWEEN ONSET AND DEATH: 12 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Acute respiratory infection — 24 hours
DUE TO (c): Generalized arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death*: Schizophrenic reaction, chronic undifferentiated type

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 26, 1967, *to* June 28, 1967, *that I last saw the deceased alive on* June 28, 1967, *and that death occurred at* 7:05 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 595 (Degree or title) M.D. 1
23b. ADDRESS: Box 672, Orofino, Idaho
23c. DATE SIGNED: June 28, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: June 30 '67
24c. NAME OF CEMETERY OR CREMATORY: Riverside
24d. LOCATION (City, town, or county) (State): Orofino Idaho

DATE REC'D BY LOCAL REG.: July 6, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Ly C. A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: GILBERT'S FUNERAL CHAPEL

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (Items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2567
Local Reg. No. 59
Reg. Dist. No. 210

Certificate of Death

STATE OF IDAHO

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 180 Clearwater 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 3B
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Orofino Rt. 3B 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 180
b. COUNTY: Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Orofino Rt. 3B
d. STREET ADDRESS (If rural, give location): Orofino Rt. 3B

3. NAME OF DECEASED (Type or Print)
a. (First): GRACE
b. (Middle): ELLEN
c. (Last): DODD

4. DATE OF DEATH (Month) (Day) (Year): June 29 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: July 17, 1883
9. AGE (In years last birthday): 83 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY: Homekeeping
11. BIRTHPLACE (State or foreign country): Tyler County, West Virginia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Charles Craig — BIRTHPLACE: UNKNOWN
14. MOTHER'S MAIDEN NAME: UNKNOWN — BIRTHPLACE: UNKNOWN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 531 38 2658
17. INFORMANT'S OWN SIGNATURE: Mrs. Irene Diebel — ADDRESS: Weippe, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): CVA — INTERVAL BETWEEN ONSET AND DEATH: 1-2 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Repeated CVA's — 2 wk
DUE TO (c): Gen. arteriosclerosis — years

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-26, 1967, *to* 6-29, 1967, *that I last saw the deceased alive on* 6-21, 1967, *and that death occurred at* 2 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C A Beghtot 038
23b. ADDRESS: Orofino Idaho
23c. DATE SIGNED: 7-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: July 1, 1967
24c. NAME OF CEMETERY OR CREMATORY: Vineland Cemetery
24d. LOCATION (City, town, or county) (State): Clarkston, Washington

DATE REC'D BY LOCAL REG.: July 7, 1967
REGISTRAR'S SIGNATURE: Josephine K. Gilbert
25. EMBALMER: Lyle A. Strottmann
LICENSE NO.: 476

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Merchant Funeral Home..Clarkston Wn.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 18 1992

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2568
Local Reg. No. 3
Reg. Dist. No. 680

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 190 Custer
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Challis
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Auto while camping near Challis, Idaho 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 38 Oregon
b. COUNTY 555 Clackamas
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lake Oswego
d. STREET ADDRESS (If rural, give location) 18404 So. Old River Drive

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) Showalter c. (Last) Lynch

4. DATE OF DEATH (Month) (Day) (Year) June 25, 1967

5. SEX Male

6. COLOR OR RACE Wht

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3

8. DATE OF BIRTH Jan 27, 1904

9. AGE (In years last birthday) 63 | If under 1 year: Months, Days | If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Advertising

10b. KIND OF BUSINESS OR INDUSTRY Owner 22 Adv. Co.

11. BIRTHPLACE (State or foreign country) Wellington, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Lynch — BIRTHPLACE Wellington, Kansas

14. MOTHER'S MAIDEN NAME Ethel Showalter — BIRTHPLACE Wellington, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. 540-10-1089

17. INFORMANT'S OWN SIGNATURE By Phone Holman Funeral Home — ADDRESS Portland

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Glen W Reed Custer Co Coroner

23b. ADDRESS 583 Challis, Idaho

23c. DATE SIGNED 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal

24b. DATE June 27, 67

24c. NAME OF CEMETERY OR CREMATORY RiverView Cemetery

24d. LOCATION (City, town, or county) (State) Portland, Oregon

DATE REC'D BY LOCAL REG. Jun 29, 1967

REGISTRAR'S SIGNATURE Pauline J. Mulder

25. EMBALMER Keith Bird — Keith Bird

LICENSE NO. E-373

FIRM NAME: Bird Funeral Home, Hailey, Ida

Federal Security Agency
United States Public Health Service

Form DH-53021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2569
Local Reg. No. 42
Reg. Dist. No. 380 391

BIRTH NO.

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Mountain Home
c. LENGTH OF STAY IN THIS PLACE (In hospital or institution): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mtn. Home Reservoir 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Elmore 200
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
d. STREET ADDRESS (If rural, give location): 1780 East 5th North

3. NAME OF DECEASED (Type or Print): a. (First) EBEN b. (Middle) F. c. (Last) DARROW

4. DATE OF DEATH: (Month) June (Day) 2, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Dec. 2, 1903	63				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired - Carpenter	Construction	Kansas	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
J. M. Darrow		Nettie Alma Reese	

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		560-22-4155	Arthur Smith	Mt Home

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583 (Degree or title) Coroner	Mountain Home, Idaho	6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/6/67	Mtn. View Cemetery	Mountain Home, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 6 1967	[signature]	D. Vert Humphreys	E-502

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 12 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Amended August 2, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2570
Local Reg. No. 43
Reg. Dist. No. 380-391

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Elmore 200
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Elmore Mem. Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 44 Texas
b. COUNTY: 535 Hidalgo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edinburg- Rural
d. STREET ADDRESS (If rural, give location): Rt #1, Box 506

3. NAME OF DECEASED (Type or Print): a. (First) Jaun; b. (Middle) Francisco; c. (Last) Luna

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Oct. 20, 1947

9. AGE (In years last birthday): 19
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer 04

10b. KIND OF BUSINESS OR INDUSTRY: Farming

11. BIRTHPLACE (State or foreign country): Monte Morelas, Mexico

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pedro Luna
BIRTHPLACE: Mexico

14. MOTHER'S MAIDEN NAME: Leonor Luna
BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 455-80-8235

17. INFORMANT'S OWN SIGNATURE: Mrs. Pedro Luna
ADDRESS

18. CAUSE OF DEATH 9818
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Massive Cerebral Trauma

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): .22 caliber bullet wound between eyes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: seconds

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide 3

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Street 04

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mountain Home, Idaho 13 (Elmore) 200

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-3-67 11:28 p. m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Victim shot in head by known assailant. Why? yo no se

22. *I hereby certify that I attended the deceased from* investigation and autopsy, *19____, that I last saw the deceased alive on ____, 19____, and that death occurred at ____ m., from the causes and on the date stated above.*

23a. SIGNATURE: Arthur Smith, Coroner 583 4 (Degree or title)

23b. ADDRESS: Mountain Home, Idaho

23c. DATE SIGNED: 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: 6-5-67

24c. NAME OF CEMETERY OR CREMATORY: Hillcrest Cemetery

24d. LOCATION (City, town, or county) (State): Edinburg, Texas

DATE REC'D BY LOCAL REG.: June 6, 1967

REGISTRAR'S SIGNATURE: C. P. Anderson

25. EMBALMER: H. Verl Humpherys

LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

IDAHO DEPARTMENT OF HEALTH

BUREAU OF VITAL STATISTICS

Affidavit to Correct or Amend An Original Certificate of Birth or Death

State of IDAHO
County of ELMORE } ss.

AUG - 2 1967

Certificate No. 67-2570

Date Filed

The undersigned does solemnly swear that certain facts on the certificate of death (Birth or Death)
for Jaun Francisco Luna (Name on Original Certificate) who died (Was Born or Died) on June 3, 1967 (Date of Event)
in Mtn Home, Idaho (Place of Event) are erroneous or were omitted; and that, to the best of his knowledge, the true facts are shown by (Bible Record, Insurance Policy, Etc.) prepared on (Give Date), are:

FACTS TO BE CORRECTED ("Name," "Birth Date," "Cause of Death," Etc.)	FROM (As on Original)	TO (The Correct Facts)
24c. Name of Cemetery	Pharr, Texas	Hillcrest Cemetery
24d. Location	Pharr, Texas	Edinburg, Texas

Subscribed and sworn to before me this 1ST day of August, 1967

Notary Public, residing at MTN. HOME, IDAHO
My commission expires 2/7/68
(Seal)

Signed Arthur Smith
(Signature of parent or attendant if correcting a birth record; of attendant, funeral director, informant if correcting a death record; or other credible person.)

490 E. 2. N., Mt. Home, Idaho
(Street Address, City, State)

SUPPORTING AFFIDAVIT OF A SECOND PERSON

State of IDAHO
County of ELMORE } ss.

[This Affidavit MUST Also be Executed. (See Chapter 139, 1937 Idaho Session Laws.)]

The undersigned does solemnly swear that he has knowledge of the corrected facts as set forth above and that they are true to the best of his knowledge.

Subscribed and sworn to before me this 1ST day of August, 1967

Notary Public, residing at Mtn. Home, Ida.
My commission expires 2/7/68
(Seal)

Signed H. Vern Humphreys
(Signature of Any Credible Person)

480 E. 2nd N. Mtn. Home, Ida.
(Street Address, City, State)

FORM DH 60-155

7-31-67 H

Affidavit to Correct or Amend An Original Certificate of Birth or Death

67-2370

Death

Juan Francisco Luna

June 3, 1967

Mtn Home, Idaho

24c. Name of Cemetery — Pharr, Texas — Millcrest Cemetery

24c. Location — Pharr, Texas — Edinburg, Texas

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2570
Local Reg. No. 43
Reg. Dist. No. 380-392

BIRTH NO.

JUN 12 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): D.O.A. Elmore Mem. Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Texas
b. COUNTY: Hidalgo
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Edinburg - Rural
d. STREET ADDRESS (If rural, give location): Rt. # 1 Box 506

3. NAME OF DECEASED (Type or Print)
a. (First): JAUN
b. (Middle): FRANCISCO
c. (Last): LUNA

4. DATE OF DEATH (Month) (Day) (Year): June, 3, 1967

5. SEX: Male
6. COLOR OR RACE: Mexican
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 20, 1947
9. AGE (In years last birthday): 19 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Monte Morelas, Mexico
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME: Pedro Luna — BIRTHPLACE: Mexico
14. MOTHER'S MAIDEN NAME: Leonor Luna — BIRTHPLACE: Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 455-80-8235
17. INFORMANT'S OWN SIGNATURE: Mrs. Pedro Luna — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

981X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH: seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): .22 caliber bullet wound between eyes
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Homicide
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): street
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Mountain Home, Idaho (Elmore)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6/3/67 11:28 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Victim shot in head by by known assailant. Why? yo no se

22. *I hereby certify that I attended the deceased from* Investigation and autopsy, 19___, *to* ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur Smith, Coroner
23b. ADDRESS: Mountain Home, Idaho
23c. DATE SIGNED: 6/5/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 6/5/67
24c. NAME OF CEMETERY OR CREMATORY: Pharr, Texas
24d. LOCATION (City, town, or county) (State): Pharr, Texas

DATE REC'D BY LOCAL REG.: June 6 1967
REGISTRAR'S SIGNATURE: [signature]
25. EMBALMER: [signature]
LICENSE NO.: E-502

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Smith Mortuary

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 1 1 1967

AUG 3 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2571
Local Reg. No. 44
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED
JUL 12 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 200 Elmore 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mountain Home
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Elmore Memorial Hospital 080

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 28 Nebraska
b. COUNTY 555 Johnson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cook
d. STREET ADDRESS (If rural, give location) Cook

3. NAME OF DECEASED (Type or Print)
a. (First) MRS. b. (Middle) ELLA c. (Last) MARIE SCHREINER

4. DATE OF DEATH (Month) (Day) (Year) June 7, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Jan. 11, 1901
9. AGE (In years last birthday) 66 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY own home
11. BIRTHPLACE (State or foreign country) Unadilla, Nebraska
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Henry Gardner — BIRTHPLACE Germany
14. MOTHER'S MAIDEN NAME Unknown — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 505-40-4991D
17. INFORMANT'S OWN SIGNATURE X Donald A Schr — ADDRESS Mt. Home, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 170X Carcinoma Breast — INTERVAL BETWEEN ONSET AND DEATH 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1966, *to* June 7, 1967, *that I last saw the deceased alive on* June 6, 1967, *and that death occurred at* 5:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE Malone W. Vaelsch 288 MD, Mountain Home Idaho (Degree or title)
23b. ADDRESS
23c. DATE SIGNED 6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/9/67
24c. NAME OF CEMETERY OR CREMATORY Cook, Nebraska
24d. LOCATION (City, town, or county) (State) Cook, Nebraska

DATE REC'D BY LOCAL REG. Jul 11 1967
~~REGISTRAR'S SIGNATURE~~ T. Anderson
25. EMBALMER H. Vail Humphreys
LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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PENALTIES: Under the Idaho law, it is a misdemeanor to

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

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ADDITIONAL REMARKS by Physician.....

State File No. 2572
Local Reg. No.
Reg. Dist. No.

Certificate of Death

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 200 Elmore 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Glenns Ferry
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) D.O.A. on Greyhound Bus 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 25 Mississippi
b. COUNTY 555 Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Vicksburg
d. STREET ADDRESS (If rural, give location) 2110 Park Avenue

3. NAME OF DECEASED (Type or Print)
a. (First) ANDREW
b. (Middle) BERNARD
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 9, 1967

5. SEX Male
6. COLOR OR RACE Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Nov. 3, 1917
9. AGE (In years last birthday) 49 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister 18
10b. KIND OF BUSINESS OR INDUSTRY Lord's Work
11. BIRTHPLACE (State or foreign country) Vicksburg, Mississippi
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Elisa Bernard — BIRTHPLACE Miss.
14. MOTHER'S MAIDEN NAME Artila Banks — BIRTHPLACE Miss.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 425-18-1175
17. INFORMANT'S OWN SIGNATURE Arthur Smith — ADDRESS Mt. Home, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5703

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Peritonitis induced Shock — INTERVAL BETWEEN ONSET AND DEATH Hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Mesenteric vollvulus with gangrenous small intestine — Days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Did not see alive, investigation only *and that I last saw the deceased alive on _____, 19____, and that death occurred at* 9:30P *m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur Smith 583 (Degree or title) Coroner 4
23b. ADDRESS Mountain Home, Idaho
23c. DATE SIGNED 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/11/67
24c. NAME OF CEMETERY OR CREMATORY Vicksburg, Miss.
24d. LOCATION (City, town, or county) (State) Vicksburg, Mississippi

DATE REC'D BY LOCAL REG. 6-15-67
REGISTRAR'S SIGNATURE Mary Sullivan
25. EMBALMER H. Neil Humphreys
LICENSE NO. E-502

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

JUL 26 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2573
Local Reg. No. 45
Reg. Dist. No. 380 391

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUL 12 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Owyhee 370 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics) Rural - Grasmere
c. LENGTH OF (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1½ mile South of Grasmere 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 29 Nevada
b. COUNTY 555 Lander
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Beowawe
d. STREET ADDRESS (If rural, give location) Beowawe

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) BUFFALO
c. (Last)

4. DATE OF DEATH (Month) (Day) (Year) June 23, 1967

5. SEX Male
6. COLOR OR RACE Indian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH Sept. 3, 1916
9. AGE (In years last birthday) 50 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (State or foreign country) Beowawe, Nevada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Buffalo — BIRTHPLACE Nevada
14. MOTHER'S MAIDEN NAME Mattie Charley — BIRTHPLACE Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Josephine Billie — ADDRESS Elko, Nev.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8224

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Trauma — INTERVAL BETWEEN ONSET AND DEATH Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Basal Skull Fracture
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 51 06
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 370 (STATE) Rural - Grasmere, Owyhee, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 23, 1967 2:30 AM
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Driver of single car roll-over.

22. *I hereby certify that I attended the deceased from* Did not see alive - investigation only *, 19___, to ___, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Arthur Smith 583 (Degree or title) Coroner
23b. ADDRESS Mountain Home, Idaho
23c. DATE SIGNED 6/23/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/24/67
24c. NAME OF CEMETERY OR CREMATORY Elko, Nevada
24d. LOCATION (City, town, or county) (State) Elko, Nevada

DATE REC'D BY LOCAL REG. July 11 1967
REGISTRAR'S SIGNATURE [signature]
25. EMBALMER Arthur Smith
LICENSE NO. E-403

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Smith Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2574
Local Reg. No. 46
Reg. Dist. No. 380 391

RECEIVED JUL 12 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 200 Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Mountain Home
c. LENGTH OF STAY (In this place): 002
d. FULL NAME OF HOSPITAL OR INSTITUTION: 004

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 141 Canyon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Caldwell, Idaho
d. STREET ADDRESS (If rural, give location): Caldwell Labor Camp

3. NAME OF DECEASED (Type or Print): a. (First) TELESFORO b. (Middle) D c. (Last) GARCIA JR.

4. DATE OF DEATH: (Month) 6 (Day) 25 (Year) 67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	Mexican	Single 7	Nov 23, 1948	18	7	1		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 04	Farm Worker	Ballermoso Tamaulipas, Mexico	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Telesforo Garcia	Mexico	Manuela de La Fuente	Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No		Telesforo D Garcia	Caldwell

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9814

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive cerebral trauma — INTERVAL BETWEEN ONSET AND DEATH: Seconds

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Shotgun wound in face
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Homicide 3	Street 04	Mountain Home 13	Elmore 200	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
June 25, 1967 8:35 PM	[ ]	[X]	Shot in face with 12 Ga. shotgun; bar room ruckus.

22. *I hereby certify that I attended the deceased from* investigation only, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Arthur Smith 583	Coroner 4	Mountain Home, Idaho	6/26/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal 3	6/29/67	Canyon Hill	Caldwell, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 11 1967	A Jackson	Arthur Smith	E-403

FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2575
Local Reg. No. 47
Reg. Dist. No. 380 391

RECEIVED
JUL 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 200 Elmore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home AFB
c. LENGTH OF STAY (In this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 67 Tac Hosp, Mt Home AFB ID 037

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 200 Elmore
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Mtn Home
d. STREET ADDRESS (If rural, give location) 1000 East 3rd North

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	JOSE	RICARDO	TREVINO		Jun	26	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	CAU	Never Married	19 Apr 1967		2	7		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Idaho
12. CITIZEN OF WHAT COUNTRY? US

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jose L. Trevino	Texas	Guillermina Hernandez	Piedras Negras, Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Official Medical Records ADDRESS

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7545

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Heart Failure — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Congenital Heart Disease
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 26 Jun 1967
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 25 Jun, 1967, *to* 26 Jun, 19 67, *that I last saw the deceased alive on* 26 Jun 19 67, *and that death occurred at* 0759 am., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) BARRY S. RUSSMAN, CAPT, USAF, MC MD
23b. ADDRESS Mtn Home AFB, Idaho
23c. DATE SIGNED 26 Jun 1967

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal
24b. DATE 6/28/67
24c. NAME OF CEMETERY OR CREMATORY Grand View, Washington
24d. LOCATION (City, town, or county) (State) Grand View, Washington

DATE REC'D BY LOCAL REG. July 11 1967
REGISTRAR'S SIGNATURE
25. EMBALMER
LICENSE NO. E-503
FIRM NAME: Smith Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-3592

MAR 12 1998

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

JUL 6 1967

Bureau of Vital Statistics

State File No. 2576
Local Reg. No. 19
Reg. Dist. No. 540

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Franklin 21 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Memorial 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21
b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 107 South 2nd East

3. NAME OF DECEASED (Type or Print): a. (First) Lester b. (Middle) K. c. (Last) Douglas

4. DATE OF DEATH: (Month) April (Day) 15, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: June 22, 1893

9. AGE (In years last birthday): 73 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: agriculture

11. BIRTHPLACE (State or foreign country): Malad, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Ralph Douglas BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Katherine Thomas BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-26-3419

17. INFORMANT'S OWN SIGNATURE AND ADDRESS: Mrs. Thelma Douglas Chambers Portland Oregon

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 5 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 4-14, 19 67, *to* 4-15, 19 67, *that I last saw the deceased alive on* 4-15, 19 67, *and that death occurred at* 7 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: O.K. Culley 122 (Degree or title) MD
23b. ADDRESS: Preston Idaho
23c. DATE SIGNED: 4-17-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: April 18, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewiston, Utah
24d. LOCATION (City, town, or county) (State): Lewiston, Utah

DATE REC'D BY LOCAL REG.: 4-18-67
REGISTRAR'S SIGNATURE: Eppie W. Brower
25. EMBALMER: O. Sherwin Webb
LICENSE NO.: 316

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Webb Funeral Home

MAY 1 4 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2577
Local Reg. No. 30
Reg. Dist. No. 540

RECEIVED JUL 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 216 Franklin 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 216
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Dayton, rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) G. c. (Last) Archibald

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	white	married 3	Apr 27, 1901	66				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 024	agriculture	Clarkston, Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Mark Archibald	Wellsville, Utah	Catherine Godfrey	Coalville, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		519-40-2677	Eugenia H Archibald	Dayton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

5410

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Duodenal ulcer with perforation — 6 months

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Psychosis

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* July 1966 *to* June 7, 1967, *that I last saw the deceased alive on* June 7, 1967, *and that death occurred at* 1 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. K. Cutler MD	Preston Idaho	6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 6, 1967	Dayton Cemetery	Dayton, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-6-67	Eppie W. Brouwer	Douglas S. Webb	488

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: WEBB FUNERAL HOME

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 6 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2578
Local Reg. No. 21
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 211 ~~Onioda~~ Franklin 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston, Idaho
c. LENGTH OF STAY (in this place) 2 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Franklin Memorial Hospital 081

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Utah 45
b. COUNTY 555 Cache
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Logan
d. STREET ADDRESS (If rural, give location) 375 West 2nd South

3. NAME OF DECEASED (Type or Print)
a. (First) b. (Middle) c. (Last) CARRIE MABEL KELLER BELL

4. DATE OF DEATH (Month) (Day) (Year) June 16, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 16, 1886
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01
10b. KIND OF BUSINESS OR INDUSTRY ownhome
11. BIRTHPLACE (State or foreign country) ~~XXXX~~ Mink Creek, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME James Morgan Keller — BIRTHPLACE Manton, Utah
14. MOTHER'S MAIDEN NAME Mary Ellen Baird — BIRTHPLACE Brigham City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) -
16. SOCIAL SECURITY NO. 528-66-0304
17. INFORMANT'S OWN SIGNATURE Mrs Ellen L Greaves — ADDRESS Preston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1965, *to* June 16, 1967, *that I last saw the deceased alive on* June 16, 1967, *and that death occurred at* 11 A *m., from the causes and on the date stated above.*

23a. SIGNATURE O. K. Cutler 122 (Degree or title) M.D. 1
23b. ADDRESS Preston, Idaho
23c. DATE SIGNED 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/16/67
24c. NAME OF CEMETERY OR CREMATORY Logan City Cemetery
24d. LOCATION (City, town, or county) (State) Logan, Utah

DATE REC'D BY LOCAL REG. 3-19-67
REGISTRAR'S SIGNATURE Eggie W. Brower
25. EMBALMER Sterling Nelson — LICENSE NO. 317

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Nelson Memorial Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

MAY 02 2000

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2579
Local Reg. No. 1
Reg. Dist. No. 540

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUL 21 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 210 Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Cub River
c. LENGTH OF STAY (in this place) 55 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD Rt. # 1 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 211
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Preston
d. STREET ADDRESS (If rural, give location) RFD Rt. # 1

3. NAME OF DECEASED (Type or Print)
a. (First) Henry
b. (Middle) Rudolph
c. (Last) Dursteler

4. DATE OF DEATH (Month) June (Day) 19, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 5, 1890
9. AGE (In years last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Dairying
11. BIRTHPLACE (State or foreign country) Whitney, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Rudolph Dursteler — BIRTHPLACE Switzerland
14. MOTHER'S MAIDEN NAME Marie Bowman — BIRTHPLACE Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE x Randell Dursteler — ADDRESS Idaho Preston

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus — 6 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1965, *to* Jun 19, 1967, *that I last saw the deceased alive on* Jun 19 1967 *and that death occurred at* 11 P m., *from the causes and on the date stated above.*

23a. SIGNATURE O. R. Cutler 122 (Degree or title) MVI
23b. ADDRESS Preston Idaho
23c. DATE SIGNED 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 22, 1967
24c. NAME OF CEMETERY OR CREMATORY Whitney Cemetery
24d. LOCATION (City, town, or county) (State) Whitney, Idaho

DATE REC'D BY LOCAL REG. 6-22-67
REGISTRAR'S SIGNATURE Eppie W. Brower
25. EMBALMER Douglas S. Webb — LICENSE NO. 488

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Webb Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2580
Local Reg. No. 22
Reg. Dist. No. 5-40

RECEIVED JUL 6 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 210 Franklin 185
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home in Franklin 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 210
b. COUNTY Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Franklin
d. STREET ADDRESS (If rural, give location) E of City

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Louis	Perley	Robinson	June 26, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	October 30, 1882	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Agriculture	Franklin, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James J. Robinson	Iowa	Mary E. Griffith	England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519 16 0428	+Lillie Robinson	Franklin Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastritis & Acute inflammation of Bowel — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1967, *to* June, 1967, *that I last saw the deceased alive on* 24 June, 1967, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert S. Budge M.D.	ROBERT S. BUDGE M.D. SMITHFIELD CLINIC SMITHFIELD, UT.	June 29 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 29, 1967	Franklin Cemetery	Franklin, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-67	Esther W. Brower	Douglas S. Webb, Webb Funeral Home	488

FIRM NAME: Douglas S. Webb

Federal Security Agency
United States Public Health Service

Form DH-63021

JUL 19 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUL 21 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2581
Local Reg. No. 2
Reg. Dist. No. 540

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Franklin 21 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston | LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 460 South State 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 21 b. COUNTY: Franklin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Preston
d. STREET ADDRESS (If rural, give location): 460 South State

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Emil	Olaf	Petterborg	June 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Widowed 2	February 7, 1878	89		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Meat Cutter 21	Meat Market	Preston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Emil Petterborg	Norway	Uriah Bjorkman	Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 18 2668	x Olaf Petterborg	Preston, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*	INTERVAL BETWEEN ONSET AND DEATH
(a)	Coronary Occlusion	Hrs.
	ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*	
DUE TO (b)	Arteriosclerosis	5 yrs
DUE TO (c)		
	II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1-4, 19 67, *to* June 28, 1967, *that I last saw the deceased alive on* June 28, 1967, *and that death occurred at* 10 m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
O. B. Cullen	122 MD	Preston Idaho	6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1967	Preston Cemetery	Preston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-1-67	Eppie W. Brauer	Douglas S. Webb, Webb Funeral Home	488

FIRM NAME: Douglas S. Webb

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2582
Local Reg. No. 30
Reg. Dist. No. 650

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont 221 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Anthony
c. LENGTH OF STAY IN THIS PLACE: 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont 228
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) LEONA b. (Middle) DAVIS HENDRICKS c. (Last) MYERS

4. DATE OF DEATH: (Month) May (Day) 30, (Year) 1967

5. SEX: Female

6. COLOR OR RACE: Caucasian

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widow 2

8. DATE OF BIRTH: 14 July 1895

9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Wilford (St. Anthony RFD) Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Stephen R. Davis — BIRTHPLACE: Belview, Penna.

14. MOTHER'S MAIDEN NAME: Mary R. Green — BIRTHPLACE: Bear Lake, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-32-4087

17. INFORMANT'S OWN SIGNATURE: Helen D Hendricks — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Thoracic Aortic Aneurysm (Ruptured) — INTERVAL BETWEEN ONSET AND DEATH: 18 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Atherosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* Nov, 19 65, *to* May, 19 67, *that I last saw the deceased alive on* May 30, 1967, *and that death occurred at* 11:50 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lloyd Barnett M.D. 030 (Degree or title)

23b. ADDRESS: St. Anthony, Idaho

23c. DATE SIGNED: 3 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 3 June 67

24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery

24d. LOCATION (City, town, or county) (State): Ashton, Fremont, Idaho

DATE REC'D BY LOCAL REG.: 26 June 67

REGISTRAR'S SIGNATURE: Mel Hansen

25. EMBALMER: M.D. Hansen

LICENSE NO.: E-354

FIRM NAME: Hansen Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2583
Local Reg. No. 37
Reg. Dist. No. 651

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Fremont
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (In this place): ooo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): His Home ooo

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): Highland

3. NAME OF DECEASED (Type or Print): a. (First) FRANCIS; b. (Middle) ARIAH; c. (Last) BURRELL

4. DATE OF DEATH (Month) (Day) (Year): June 9, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: 24 June 1886

9. AGE (In years last birthday): 81 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Painter 21

10b. KIND OF BUSINESS OR INDUSTRY: Decorating

11. BIRTHPLACE (State or foreign country): Wilford, Idaho

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John Burrell — BIRTHPLACE: Scotland

14. MOTHER'S MAIDEN NAME: Cecelia Brower — BIRTHPLACE: Salt Lake City, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service): ———

16. SOCIAL SECURITY NO.: 720-03-3457

17. INFORMANT'S OWN SIGNATURE: X Mary E Burrell — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriorsclerosis — 2 yr
DUE TO (c) 4291

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Hemolytic anemia — 4 yr.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May, 1967, to June 9, 1967, *that I last saw the deceased alive on* June 8, 1967, *and that death occurred at* 2:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): 298

23b. ADDRESS: Ashton, Idaho

23c. DATE SIGNED: 6-20-67.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 13 June 1967

24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery

24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 25 June 67

REGISTRAR'S SIGNATURE: M A Hansen

25. EMBALMER: Robert O Bean — LICENSE NO.: E-456

FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2584
Local Reg. No. 32
Reg. Dist. No. 650

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Fremont 221 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Fremont General Hospital 082

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 221
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) St. Anthony
d. STREET ADDRESS (If rural, give location) 356 West 6th South

3. NAME OF DECEASED (Type or Print)
a. (First) LEWIS
b. (Middle)
c. (Last) POWELL

4. DATE OF DEATH (Month) (Day) (Year) June 19, 1967

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH March 16, 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Service Station Operator
10b. KIND OF BUSINESS OR INDUSTRY 06 Retired
11. BIRTHPLACE (State or foreign country) Heman (St. Anthony RFD#2) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Powell — BIRTHPLACE Stapleford, Nottingham, Eng.
14. MOTHER'S MAIDEN NAME Jane Rawson — BIRTHPLACE Swanwick Derby, England

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-16-0483
17. INFORMANT'S OWN SIGNATURE Ida Powell Lambert — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH 1 mo

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary & Arteriosclerotic H.D. — 5 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1965, 19__, *to* 6-19-67, 19__, *that I last saw the deceased alive on* 6-19-67, 19__, *and that death occurred at* 1:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE [signature] 284 (Degree or title) MD
23b. ADDRESS St Anthony
23c. DATE SIGNED 6-27-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 23 June 67
24c. NAME OF CEMETERY OR CREMATORY Parker Cemetery
24d. LOCATION (City, town, or county) (State) Parker, Idaho

DATE REC'D BY LOCAL REG. 28 June 67
REGISTRAR'S SIGNATURE M L Hansen
25. EMBALMER M L Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 8 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED
JUL 11 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2585
Local Reg. No. 33
Reg. Dist. No. 651

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Fremont 220 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ashton Memorial Hospital 083

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 220
b. COUNTY: Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ashton
d. STREET ADDRESS (If rural, give location): None Given

3. NAME OF DECEASED (Type or Print): a. (First) HANNAH b. (Middle) CHRISTINE c. (Last) NELSON OSBORNE

4. DATE OF DEATH (Month) (Day) (Year): 19 June 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: 8 Nov. 1871
9. AGE (In years last birthday): 95 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY: -------
11. BIRTHPLACE (State or foreign country): Presto Amp. Denmark
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Hans L. Nelson — BIRTHPLACE: Denmark
14. MOTHER'S MAIDEN NAME: Annie Christine Hansen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): --------
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Hannah C. Osborne — ADDRESS: Ashton, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: (2 hours 10 m

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Osteo myelitis R. hip — 8 M

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-19- , 1967, *to* 6-19-67 19 , *that I last saw the deceased alive on* 6-19- , 1967, *and that death occurred at* 5:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] (Degree or title) 398
23b. ADDRESS: Ashton, Idaho
23c. DATE SIGNED: 6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 21 June 67
24c. NAME OF CEMETERY OR CREMATORY: Pineview Cemetery
24d. LOCATION (City, town, or county) (State): Ashton, Fremont Co., Idaho

DATE REC'D BY LOCAL REG.: 3 July 67
REGISTRAR'S SIGNATURE: Mat Hansen
25. EMBALMER: Robert A. Bean
LICENSE NO.: E-456
FIRM NAME: Bean Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2586
Local Reg. No. 38
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 wks. 314
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 231
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 506 West 4th

3. NAME OF DECEASED (Type or Print)
a. (First): Margaret
b. (Middle): May
c. (Last): Rolfe

4. DATE OF DEATH (Month) (Day) (Year): June 2, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 14, 1879
9. AGE (In years last birthday): 88 — If under 1 year: Months 3, Days 18 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Highland Co., Ohio
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: William McConaughey — BIRTHPLACE: Penn.
14. MOTHER'S MAIDEN NAME: Jane Moler — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: X James Rolfe — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4221

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Congestive Heart Failure with pulmonary edema — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Arterio sclerotic cardiovascular disease — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Diabetes Mellitus — 10 years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-23, 1959, *to* 6-2, 1967, *that I last saw the deceased alive on* 6-1, 1967, *and that death occurred at* 6:10 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Hannon E. Holverson MD 241
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 5, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 28 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2587
Local Reg. No. 37
Reg. Dist. No. 340-341

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 23, 314
b. CITY OR TOWN: Emmett
c. LENGTH OF STAY (in this place): 2wks
d. FULL NAME OF HOSPITAL OR INSTITUTION: Memorial Hospital 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 23
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): West 12 th St

3. NAME OF DECEASED (Type or Print): a. (First) Archibald; b. (Middle); c. (Last) Powell

4. DATE OF DEATH: (Month) June (Day) 3, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If under 1 year: Months / Days	If under 24 hrs.: Hours / Min.
male	white	married 3	May 1, 1889	78		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
carpenter 21	building	Green River, Wyoming	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Walter L. Powell	Virginia	Samantha Washum	Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		518 32 8172	Robert W. Powell	

MEDICAL CERTIFICATION

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) 2924 Aplastic anemia — Interval between onset and death: 18 mo

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 60 *to* June 3, 19 67, *that I last saw the deceased alive on* 6-3, 1967, *and that death occurred at* 10:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. Kenneth Nash M.D.	184	Emmett Ida.	9 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 6, 1967	Emmett	Emmett Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 7 1967	Jean Beatty	Glenn W Beatty	E392

FIRM NAME: The Beatty Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

MAY 14 1968

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2588
Local Reg. No. 39
Reg. Dist. No. 340/341

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 415 East 2nd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle): Brennan
c. (Last): Knowles

4. DATE OF DEATH (Month) (Day) (Year): June 7, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Jan. 1, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months 5 Days 6 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Hazelton, Pennsylvania
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Brennan — BIRTHPLACE: Ireland
14. MOTHER'S MAIDEN NAME: Mary Ann Downs — BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-300-51B
17. INFORMANT'S OWN SIGNATURE: Edward B. Knowles — ADDRESS: 2614 Davis St Boise Idaho

18. CAUSE OF DEATH 525X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Pulmonary Fibrosis — unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-2, 1967, *to* 6-7, 1967, *that I last saw the deceased alive on* 6-6, 1967, *and that death occurred at* 3:10A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ramon E. Holverson MD 241
23b. ADDRESS: Emmett, Idaho
23c. DATE SIGNED: 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 9, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: June 8, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

NOV 4 1986

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2589
Local Reg. No. 42
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 2 days 302
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 911 E. Main

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Ignatius
c. (Last): Nichols

4. DATE OF DEATH (Month) (Day) (Year): June 10, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Feb. 19, 1896
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 3, Days 21 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): mill labor 17
10b. KIND OF BUSINESS OR INDUSTRY: lumber
11. BIRTHPLACE (State or foreign country): Burnt River, California
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: William James Nichols — BIRTHPLACE: Wisconsin
14. MOTHER'S MAIDEN NAME: Mary Christian Weiland — BIRTHPLACE: Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-3558
17. INFORMANT'S OWN SIGNATURE: X William E. Nichols — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 446X Nephrosclerosis — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1945, *to* June 10, 1967, *that I last saw the deceased alive on* June 10, 1967, *and that death occurred at* 11 45 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 184 (Degree or title)
23b. ADDRESS: Emmett, Ida.
23c. DATE SIGNED: 13 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 13, 1967
REGISTRAR'S SIGNATURE: Jean A. Beatty
25. EMBALMER: Glenn W. Beatty — LICENSE NO. E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 15 1973

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

SEP 24 1998

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2590
Local Reg. No. 43
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 6 mos 206
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Gem 23
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 909 Circle Drive

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Russell c. (Last) Allen

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	une 21, 1898	68	11	20		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): blacksmith 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Pioche, Nevada
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Russell Edward Allen — BIRTHPLACE: Omaha, Nebraska
14. MOTHER'S MAIDEN NAME: JaneChristian Jose — BIRTHPLACE: Paragona, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-24-7090
17. INFORMANT'S OWN SIGNATURE: X Mona L. Gates — ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1778 Ca of prostate — INTERVAL BETWEEN ONSET AND DEATH: 2 yrs

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1948 *to* June 11, 1967 *that I last saw the deceased alive on* June 11, 1967, *and that death occurred at* 1:20 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 184 (Degree or title)
23b. ADDRESS: Emmett Ida.
23c. DATE SIGNED: 13 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 13 1967
REGISTRAR'S SIGNATURE: Jean U Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2591
Local Reg. No. 40
Reg. Dist. No. 340 341

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gem 231 307
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Mounted Route

3. NAME OF DECEASED (Type or Print)
a. (First): Etta
b. (Middle): Elizabeth
c. (Last): Sorensen

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Oct. 5, 1885
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 8, Days 8 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: home
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Edward Beutler — BIRTHPLACE: France
14. MOTHER'S MAIDEN NAME: Eliza Beck — BIRTHPLACE: Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-03-3013B
17. INFORMANT'S OWN SIGNATURE: Leonard E. Sorenson — ADDRESS:

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cerebral Vasc Accident

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Cerebral Arteriosclerosis
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct, 1959, *to* June, 1967, *that I last saw the deceased alive on* June 13, 1967, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Alan B. Jewell M.D. 260 1
23b. ADDRESS: 107 N. Comm., Emmett, Idaho
23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 1
24b. DATE: June 17, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 16, 1967
REGISTRAR'S SIGNATURE: Jean A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, I

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2592
Local Reg. No. 4
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Mem. Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 815 E. 1st

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Robert	Toliver	Lankford	June 13, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	Nov. 3, 1879	87	7	10		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
farmer 04	farm	Shopville, Kentucky	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Jairus Lankford	No. Carolina	Mary Rainey	Kentucky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-56-9315	X Esther Lankford	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension & Arteriosclerosis years
DUE TO (c) & Arteriosclerotic heart disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 19 64, *to* June 13, 19 67, *that I last saw the deceased alive on* June 13, 19 67, *and that death occurred at* 5:20 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
Ronald P Rawlinson MD 429 (Degree or title)	Emmett Ida	6/15/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 16, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 15, 1967	Jean C Beatty	Glenn W Beatty	E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2593
Local Reg. No. 44
Reg. Dist. No. 340-341

BIRTH NO.

RECEIVED JUN 23 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 23 / JUN 23 1967
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 7 WKS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem 2
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 485

3. NAME OF DECEASED (Type or Print): a. (First) John; b. (Middle) Sylvester; c. (Last) Rolland

4. DATE OF DEATH: (Month) (Day) (Year): June 19, 1967

5. SEX: male

6. COLOR OR RACE: white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2

8. DATE OF BIRTH: Oct. 18, 1874

9. AGE (In years last birthday): 92 | IF UNDER 1 YEAR Months: 8 Days: 1 | IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: farm

11. BIRTHPLACE (State or foreign country): Lincoln, Nebraska

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Louis Boniparte Rolland — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: Della Kapers — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-10-0920A

17. INFORMANT'S OWN SIGNATURE: Ethel E. Nikirk — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) TERMINAL PNEUMONIA & CEREBRAL — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) VASCULAR ACCIDENT — 10 DAYS
DUE TO (c) FOLLOWING FRACTURE OF THE NECK OF THE

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: RIGHT FEMUR, SINCE — APR. 24 1967

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 1

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Home 01

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 231 Emmett, Gem, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 4-24-67 m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Fell

22. *I hereby certify that I attended the deceased from* 4/24 *, 1967, to* JUNE 19, 19 67, *that I last saw the deceased alive on* JUNE 19, 1967, *and that death occurred at* 5a *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Lawhorn 429 (Degree or title)

23b. ADDRESS: 104 W 2nd St. Emmett Idaho

23c. DATE SIGNED: June 20/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial

24b. DATE: June 21, 1967

24c. NAME OF CEMETERY OR CREMATORY: Emmett

24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 20, 1967

REGISTRAR'S SIGNATURE: Juan C. Beatty

25. EMBALMER: Juan W Beatty — LICENSE NO.: E-392

FIRM NAME: THE BEATTY CHAPEL Emmett, Id.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2594
Local Reg. No. 4
Reg. Dist. No. 340 341

BIRTH NO.

RECEIVED JUN 23 1967 Bureau of Vital Statistics 303

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Gem 231
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
LENGTH OF STAY (in this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 23
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): 316 W. Main St.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Bert	Luther	Brower	June 21, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
male	white	married 3	May 23, 1891	76	0	28		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
railroad shopman 10	railroad	Litchfield, Nebr.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Sylvester Brower	Iowa	Martha Parks	Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO		518-32-3527A	X Marjorie B Brower	

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Accident 331X — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Feb, 1956, *to* June, 1967, *that I last saw the deceased alive on* June 21, 1967, *and that death occurred at* 2 28 pm., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Wm B Jewell	MD	107 N. Comm. Emmett, Idaho	6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	June 24, 1967	Emmett	Emmett, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 22, 1967	Jean A Beatty	Thomas H Beatty	E-392

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2595
Local Reg. No. 46
Reg. Dist. No. 340-341

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gem 231 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
c. LENGTH OF STAY (in this place): 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Walter Knox Memorial Hosp. 085

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 231
b. COUNTY: Gem
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Emmett
d. STREET ADDRESS (If rural, give location): Rt. 2

3. NAME OF DECEASED (Type or Print)
a. (First): Frank
b. (Middle):
c. (Last): Funda

4. DATE OF DEATH (Month) (Day) (Year): June 22, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Aug. 17, 1882
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months 10, Days 5 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (State or foreign country): Podebrady, Czechoslovakia
12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: Frank Funda — BIRTHPLACE: Czechoslovakia
14. MOTHER'S MAIDEN NAME: Dorothy Veverkova' — BIRTHPLACE: Czechoslovakia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519-42-2521A
17. INFORMANT'S OWN SIGNATURE: X Tom Funda — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 4200 Cerebro vascular accident — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio sclerosis & arterio sclerotic heart disease — year
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Bronchial asthma & pulmonary emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 1950, *to* 6-22-, 1967, *that I last saw the deceased alive on* 6-22, 1967, *and that death occurred at* 11:45A m., *from the causes and on the date stated above.*

23a. SIGNATURE: Ronald P. Rawlinson 429 (Degree or title) MD
23b. ADDRESS: Emmett Ida
23c. DATE SIGNED: 6/28/67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: June 24, 1967
24c. NAME OF CEMETERY OR CREMATORY: Emmett
24d. LOCATION (City, town, or county) (State): Emmett, Idaho

DATE REC'D BY LOCAL REG.: June 28, 1967
REGISTRAR'S SIGNATURE: Joan A Beatty
25. EMBALMER: Glenn W Beatty
LICENSE NO.: E-392
FIRM NAME: THE BEATTY CHAPEL Emmett, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 11 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2596
Local Reg. No. 2960
Reg. Dist. No. 420

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 240 Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 240 Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell Idaho
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print): a. (First) May b. (Middle) B. c. (Last) Eakles

4. DATE OF DEATH: (Month) June (Day) 1 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: May 25, 1875

9. AGE (In years last birthday): 92
IF UNDER 1 YEAR: Months 0 Days 6
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country): Wheeling, W. Va.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Milton Boyd BIRTHPLACE W. Va.

14. MOTHER'S MAIDEN NAME: Flprance Tabot BIRTHPLACE W.VA

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 514-38-6279

17. INFORMANT'S OWN SIGNATURE: Paul Dempsey ADDRESS Salmon Ida

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 592X Chronic Nephritis — INTERVAL BETWEEN ONSET AND DEATH: 3 yrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Aortic Aneurysm — 8 yrs.
DUE TO (c) Old age

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Inanition — 1 yr

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-28, 1948 *to* death *that I last saw the deceased alive on* 5-17, 1967, *and that death occurred at* 8:45 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Harold G. Holsinger MD **23b. ADDRESS** Wendell, Idaho **23c. DATE SIGNED** 6-10-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Salmon **24b. DATE**: June 3, 1967 **24c. NAME OF CEMETERY OR CREMATORY**: Salmon **24d. LOCATION** (City, town, or county) (State): Salmon, Lemhi Idaho

DATE REC'D BY LOCAL REG.: 6-12-67 REGISTRAR'S SIGNATURE: Rebecca Meyer

25. EMBALMER: J. Forrest Weaver LICENSE NO. E 353

FIRM NAME: weaver mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES: DEC 3 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2597
Local Reg. No. 2957
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) Bureau of 3 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T.B. Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 420 Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Buhl
d. STREET ADDRESS (If rural, give location) Rt 1

3. NAME OF DECEASED (Type or Print) a. (First) ORVILL b. (Middle) L. c. (Last) McLean

4. DATE OF DEATH (Month) 6 (Day) 2 (Year) 67

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH 7/31/09

9. AGE (In years last birthday) 57 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) West Weber, Utah

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Robert McLean BIRTHPLACE Scotland

14. MOTHER'S MAIDEN NAME Nellie Hogue BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) —

16. SOCIAL SECURITY NO. 518-22-8789

17. INFORMANT'S OWN SIGNATURE ADDRESS T.B Hosp. Records K. Tyler MD

18. CAUSE OF DEATH 1380
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Emphysema — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary Heart Disease

DUE TO (c) Generalized Sarcoidosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 4-26, 1967, *to* 6-2, 1967, *that I last saw the deceased alive on* 6-1, 1967, *and that death occurred at* 7:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE K. A. Tyler M.D. (Degree or title) MD

23b. ADDRESS Gooding, Idaho Idaho State T.B. Hosp

23c. DATE SIGNED 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 5, 1967

24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery

24d. LOCATION (City, town, or county) (State) Jerome, Idaho

DATE REC'D BY LOCAL REG. 6-8-67

REGISTRAR'S SIGNATURE Robert L. Meyer

25. FUNERAL DIRECTOR W. L. Hove ADDRESS E-431

Hove Funeral Chapel, Jerome, Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

JUN 23 1967

JUN 4 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Bodmer

Certificate of Death

STATE OF IDAHO

State File No. 2598
Local Reg. No. 2958
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 726 Oregon St. 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 248
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 726 Oregon Street

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
John	B.	Vodermaier	June 6, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Aug. 29, 1883	83				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Farming	Emerang, Germany	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Christian Vodermaier	Germany	Mary Kohlman	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-54-1341	Raleigh Meyer	from Thompson Chapel Gooding Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) —

DUE TO (c) —

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
— m.		—

22. *I hereby certify that I attended the deceased from* 4 June, 1967, *to* 6 June, 1967, *that I last saw the deceased alive on* 5 June, 1967, *and that death occurred at* 8:00 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] 049 (Degree or title)	Gooding Idaho	7 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-9-67	Elmwood Cemetery	Gooding, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-9-67	Raleigh Meyer	Raleigh Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DEC 18 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr Holsinger —

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2599
Local Reg. No. 2961
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Gooding 240 — 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Magic Valley Manor 253

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hagerman
d. STREET ADDRESS (If rural, give location): Route # 1

3. NAME OF DECEASED (Type or Print)
a. (First): Russell
b. (Middle): Henry
c. (Last): Palmer

4. DATE OF DEATH (Month) (Day) (Year): June 6, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 25, 1892
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Police Work 08
10b. KIND OF BUSINESS OR INDUSTRY: Law Enforcement
11. BIRTHPLACE (State or foreign country): Detroit, Michigan
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: George H. Palmer — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Hattie Chambers — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes — (If yes, give war or dates of service): W.W. 1 3
16. SOCIAL SECURITY NO.: 364-07-5843
17. INFORMANT'S OWN SIGNATURE: Gordon F. Palmer — ADDRESS: Huntington Beach, Calif.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

350X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Parkinsonism — INTERVAL BETWEEN ONSET AND DEATH: 15 yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive Heart Failure — 1 yr
DUE TO (c): Hypertension (Essential) — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Acute Pharyngitis — 3 d

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-25, 1964, *to* death, 19___, *that I last saw the deceased alive on* 6-5, 1967, *and that death occurred at* 8 15 m., *from the causes and on the date stated above.*

23a. SIGNATURE: Harold G. Holsinger MD 240 (Degree or title)
23b. ADDRESS: Wendell, Ida
23c. DATE SIGNED: 6/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 8, 1967
24c. NAME OF CEMETERY OR CREMATORY: Morris Hill Cemetery
24d. LOCATION (City, town, or county) (State): Boise, Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer
LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 20 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Weigler

Certificate of Death

STATE OF IDAHO

State File No. 2600
Local Reg. No. 2462
Reg. Dist. No. 42 C

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240
b. CITY OR TOWN Gooding
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence 509 Wyoming St

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho b. COUNTY Gooding 248
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 509 Wyoming Street

3. NAME OF DECEASED (Type or Print) a. (First) Jason b. (Middle) Harvey c. (Last) High

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH May 14, 1965
9. AGE (In years last birthday) 2 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY None
11. BIRTHPLACE (State or foreign country) Gooding, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Charles Eldon High BIRTHPLACE Gooding, Ida
14. MOTHER'S MAIDEN NAME Noreen Velda Shipley Shelley, Idaho. BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S OWN SIGNATURE Raleen D Meyer ADDRESS From Thompson Chapel Records

MEDICAL CERTIFICATION

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation, Indicental to aspiration of vomitus — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Pneumonia, Left lower lobe
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 19 67, *to* June 11, 19 67, *that I last saw the deceased alive on* June 10, 19 67 *and that death occurred at* 1:00 Am., *from the causes and on the date stated above.*

23a. SIGNATURE Marvin K. Thompson 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-14-1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Gooding Idaho.

DATE REC'D BY LOCAL REG. 6-12-67
REGISTRAR'S SIGNATURE Raleen D Meyer
25. EMBALMER Raleen D Meyer
LICENSE NO. E-424
FIRM NAME: Thompson Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2601
Local Reg. No. 2963
Reg. Dist. No. 420

BIRTH NO.

RECEIVED JUN 19 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
LENGTH OF STAY (in this place) 2 wks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idaho State T.B. Hosp. #1

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35 b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 112 16th St.

3. NAME OF DECEASED (Type or Print) a. (First) Fred b. (Middle) c. (Last) Mattson

4. DATE OF DEATH (Month) (Day) (Year) 6 - 12 - 67

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widower 2
8. DATE OF BIRTH 2-9-1902
9. AGE (In years last birthday) 65 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) miner 07
10b. KIND OF BUSINESS OR INDUSTRY Mining
11. BIRTHPLACE (State or foreign country) Finland
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Matts Mattson BIRTHPLACE Finland
14. MOTHER'S MAIDEN NAME Brita Backman BIRTHPLACE Finland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unknown (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 536-07-8238
17. INFORMANT'S OWN SIGNATURE T. B. Hosp Records / K. A. Tyler MD ADDRESS Gooding Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

5230

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Emphysema (Pulmonary) — INTERVAL BETWEEN ONSET AND DEATH several years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Silicosis + Cigarette smoking

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-29, 1967, *to* 6-12, 1967, *that I last saw the deceased alive on* 6-11, 1967, *and that death occurred at* 5:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE K. A. Tyler 598 (Degree or title) MD
23b. ADDRESS Idaho T.B. Hosp Gooding, Idaho
23c. DATE SIGNED 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-15-67
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) Lewiston (State) Idaho

DATE REC'D BY LOCAL REG. 6-12-67
REGISTRAR'S SIGNATURE Robert Meyer
25. FUNERAL DIRECTOR Meyer Funeral Home
ADDRESS Gooding Idaho
EC-424

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of..... Lic. No..... at..... on.....

ADDITIONAL REMARKS by Physician.....

.....

.....

Dr. M. V. Klingler

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2602
Local Reg. No. 2964
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Gooding 240 JUN 27 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 822 Wyoming Street

3. NAME OF DECEASED (Type or Print)
a. (First) Nancy
b. (Middle) Jane
c. (Last) McNiel

4. DATE OF DEATH (Month) (Day) (Year) June 13, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb. 21, 1890
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Peter Anderson — BIRTHPLACE Berryville, Ark.
14. MOTHER'S MAIDEN NAME Ella Ferguson — BIRTHPLACE Pittsburg, Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-03-4911B
17. INFORMANT'S OWN SIGNATURE X Hol McNiel — ADDRESS Gooding, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

1532

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the Left colon — INTERVAL BETWEEN ONSET AND DEATH 16 Months.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1966, *to* June 13, 1967, *that I last saw the deceased alive on* June 13, 1967, *and that death occurred at* 5:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE M. V. Klingler 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED June 16, 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-17-67
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding, Idaho

DATE REC'D BY LOCAL REG. 6-23-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
LICENSE NO. E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 6 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. M. V. Klingler

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2603
Local Reg. No. 2965
Reg. Dist. No. 420

BIRTH NO.

JUN 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Gooding 240
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 090

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 533 4th Ave. East

3. NAME OF DECEASED (Type or Print)
a. (First): Milton
b. (Middle): Luther
c. (Last): Roberts

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Oct. 1, 1886
9. AGE (In years last birthday): 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Hardware Merchant 22
10b. KIND OF BUSINESS OR INDUSTRY: Hardware Store
11. BIRTHPLACE (State or foreign country): Harrison, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Albert Lincoln Roberts — BIRTHPLACE: Unknown
14. MOTHER'S MAIDEN NAME: Elizabeth Thomason — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-07-5584
17. INFORMANT'S OWN SIGNATURE: X Catherine Roberts — ADDRESS

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1561

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of the liver — INTERVAL BETWEEN ONSET AND DEATH: 3 Mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 15, 1967, *to* June 13, 1967, *that I last saw the deceased alive on* June 12, 1967, *and that death occurred at* 12:13 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marvin V. Klingler 285
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: June 16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-16-67
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer — LICENSE NO.: E-424

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Thompson Chapel Gooding, Ida.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2604
Local Reg. No. 2966
Reg. Dist. No. 420

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: 240 Gooding 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): In transit
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 20-26 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 420
b. COUNTY: Twin Falls
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Buhl
d. STREET ADDRESS (If rural, give location): 600 8th Avenue North

3. NAME OF DECEASED (Type or Print)
a. (First): PAUL
b. (Middle): BRADLEY
c. (Last): FRANCIS

4. DATE OF DEATH (Month) (Day) (Year): June 15, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 1
8. DATE OF BIRTH: Jan. 16, 1950
9. AGE (In years last birthday): 17 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student 03
10b. KIND OF BUSINESS OR INDUSTRY: High School
11. BIRTHPLACE (State or foreign country): Los Angeles, California
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: William J. Francis — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Nelda Bradley — BIRTHPLACE: Nevada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-60-8407
17. INFORMANT'S OWN SIGNATURE: William J. Francis — ADDRESS: 600 8th N. Buhl, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

8220

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal chest injuries & fractured neck — INTERVAL BETWEEN ONSET AND DEATH: 1 minute

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway 20-26 06
21c. (CITY, TOWN, OR TOWNSHIP) 240 (COUNTY) (STATE): 13 Gooding Gooding Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6 15 67 12:15 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? Truck Jacknifed and threw him out.

22. *I hereby certify that I attended the deceased from* Investigation only, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 12:15 a. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Nam J. Schubert 583 Coffey Corona Justice of Peace
23b. ADDRESS: Gooding Idaho
23c. DATE SIGNED: 20 June '67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/17/67
24c. NAME OF CEMETERY OR CREMATORY: Buhl
24d. LOCATION (City, town, or county) (State): Buhl, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67
REGISTRAR'S SIGNATURE: Robert D. Meyer
25. EMBALMER: Robert F. Dickard
LICENSE NO.: E-312

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: ALBERTSON-DICKARD FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

*STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2605
Local Reg. No. 2967
Reg. Dist. No. 420

Certificate of Death

RECEIVED JUN 27 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 240 | **2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).

a. COUNTY: Gooding 000 | a. STATE: Idaho 240 | b. COUNTY: Gooding

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell Rt. 1. | c. LENGTH OF STAY (in this place): | c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Wendell

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 000 | d. STREET ADDRESS (If rural, give location): Rt. 1.

3. NAME OF DECEASED (Type or Print): a. (First) Roy b. (Middle) Selwyn c. (Last) Wilson

4. DATE OF DEATH (Month) (Day) (Year): June, 18, 1967

5. SEX: Male | **6. COLOR OR RACE:** White | **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Never Married 1 | **8. DATE OF BIRTH:** Jan. 29, 1888 | **9. AGE** (In years last birthday): 79 | IF UNDER 1 YEAR: Months, Days | IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Bee Keeper 04 ~~22~~ | **10b. KIND OF BUSINESS OR INDUSTRY:** Bee | **11. BIRTHPLACE** (State or foreign country): Tacoma, Washington | **12. CITIZEN OF WHAT COUNTRY?** U. S. A.

13. FATHER'S NAME: Charles L. Wilson | BIRTHPLACE: Easton, Mass. | **14. MOTHER'S MAIDEN NAME:** Mary L. Domeny | BIRTHPLACE: Crescent City, Calif.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No | (If yes, give war or dates of service) | **16. SOCIAL SECURITY NO.:** 518-48-8582 | **17. INFORMANT'S OWN SIGNATURE:** Roy Hill 242 N. Garfield | ADDRESS: Wenatchee Wash.

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary thrombosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Myocardial Infarction — minutes

DUE TO (c) Coronary Atherosclerosis — 2 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Old age

19a. DATE OF OPERATION | **19b. MAJOR FINDINGS OF OPERATION** | **20. AUTOPSY?** YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) | **21b. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) | **21c. (CITY, TOWN, OR TOWNSHIP)** (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | **21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐ | **21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 6-18-, 1969, *to* death, 19__, *that I last saw the deceased alive on* 6-18, 1967, *and that death occurred at* approximately 11 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Harold G. Holsinger MD 240 (Degree or title) | **23b. ADDRESS** Wendell, Ida | **23c. DATE SIGNED** 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1 | **24b. DATE:** 6-22-67 | **24c. NAME OF CEMETERY OR CREMATORY:** Wendell | **24d. LOCATION** (City, town, or county) (State): Wendell, Idaho

DATE REC'D BY LOCAL REG.: 6-23-67 | **REGISTRAR'S SIGNATURE:** Valeen Meyer | **25. EMBALMER:** Walter L. Howe | LICENSE NO. E-431

FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Ile M. V. Klingler

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2606
Local Reg. No. 2968
Reg. Dist. No. 420

BIRTH NO.

JUN 27 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Gooding 240 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Gooding County Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240
b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Gooding
d. STREET ADDRESS (If rural, give location) 1212 Washington Street

3. NAME OF DECEASED (Type or Print)
a. (First) Harold
b. (Middle) William 090
c. (Last) Flake

4. DATE OF DEATH (Month) (Day) (Year) June 18, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct. 29, 1912
9. AGE (In years last birthday) 54 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Engineer 08
10b. KIND OF BUSINESS OR INDUSTRY Soil Conservation Service
11. BIRTHPLACE (State or foreign country) Ola, Idaho.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME James C. Flake Illinois BIRTHPLACE
14. MOTHER'S MAIDEN NAME Julia May Hughes BIRTHPLACE Idaho Falls, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 519-20-4756
17. INFORMANT'S OWN SIGNATURE X Ida E. Flake ADDRESS Gooding, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 9 days.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Two Previous Coronary Occlusions
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 10, 19 67, *to* June 18, 1967, *that I last saw the deceased alive on* June 17, 19 67, *and that death occurred at* 5:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 285 (Degree or title)
23b. ADDRESS Gooding, Idaho
23c. DATE SIGNED 6-19-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-20-1967
24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery
24d. LOCATION (City, town, or county) (State) Gooding Gooding Idaho.

DATE REC'D BY LOCAL REG. 6-23-67
REGISTRAR'S SIGNATURE Robert S. Meyer
25. EMBALMER Robert S. Meyer
L. CENSE NO. E-424
FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Klingle

RECEIVED JUL 6 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2607
Local Reg. No. 2969
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH 240
a. COUNTY: Gooding
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
c. LENGTH OF STAY (in this place): 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gooding Co. Mem. Hosp. 098

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 240
b. COUNTY: Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Gooding
d. STREET ADDRESS (If rural, give location): 241 Arizona Street

3. NAME OF DECEASED (Type or Print)
a. (First): Bernice
b. (Middle): Lowell
c. (Last): Myers

4. DATE OF DEATH (Month) (Day) (Year): June 19, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: March 8, 1898
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Peoria, Illinois
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13. FATHER'S NAME: Williamson — BIRTHPLACE: Illinois
14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: X Arlene M. Heller — ADDRESS: Gooding Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10 min.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Anemia, chronic blood loss from colon
DUE TO (c): Arteriosclerotic Heart Disease with failure

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
Pheumatic Heart Disease.
Metastatic Carcinoma L. Breast.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-13-67, 19__, *to* 6-19-67, 19__, *that I last saw the deceased alive on* 6-19-67, 19__, *and that death occurred at* 3:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Marion O. Kingston 285
23b. ADDRESS: Gooding, Idaho
23c. DATE SIGNED: 6-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-22-1967
24c. NAME OF CEMETERY OR CREMATORY: Elmwood Cemetery
24d. LOCATION (City, town, or county) (State): Gooding Idaho.

DATE REC'D BY LOCAL REG.: 7-1-67
REGISTRAR'S SIGNATURE: Robert S. Meyer
25. EMBALMER: Robert S. Meyer
LICENSE NO.: E-424
FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 7 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Ida M. A. Klingler

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2608
Local Reg. No. 2970
Reg. Dist. No. 420

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY Gooding 240 JUL 6 1967 600
b. CITY OR TOWN Hagerman Bureau of Vital Statistics
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Residence in Hagerman 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Hagerman
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Wayne	Jay	Waite	June 28 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3rd	March 12, 1927	40				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
School Teacher 12	Commercal coach	Hammett, Idaho.	U. S. A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John A. Waite	Dayton, Idaho.	Verna, VanLeuven	Lewiston, Utah.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No None	518-20-8693	X Wayne J. Waite	Hagerman, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Carcinoma of Head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH 1/65

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* April 1, 1966, *to* June 27, 1967, *that I last saw the deceased alive on* Jan 18, 1965, *and that death occurred at* 10:50 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
285 Marion A. Klingler M.D.	Gooding Idaho	6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1967	Hagerman Cemetery	Hagerman Gooding Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-1-67	Raleigh Meyer	X Raleigh Meyer	E-424

FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2609
Local Reg. No. 30
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 5 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address or location): Grangeville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Box 8

3. NAME OF DECEASED (Type or Print): a. (First) ZELMA b. (Middle) MAY c. (Last) WRIGHT

4. DATE OF DEATH: (Month) (Day) (Year): May 30, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: October 13, 1888
9. AGE (In years last birthday): 78 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Self
11. BIRTHPLACE (State or foreign country): Redoak, Iowa
12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME: John A Heller — BIRTHPLACE
14. MOTHER'S MAIDEN NAME: Cora N Charter — BIRTHPLACE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 519 28 9826 D
17. INFORMANT'S OWN SIGNATURE: X. Doris A. Graham — ADDRESS: Grangeville

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) HCVD — few years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* about, 1960, *to* 30 May, 1967, *that I last saw the deceased alive on* 30 May, 1967, *and that death occurred at* 8:45 PM m., *from the causes and on the date stated above.*

23a. SIGNATURE: Donald Altman 487 (Degree or title) M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED: 22 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 2, 1967
24c. NAME OF CEMETERY OR CREMATORY: Lewis & Clark Memorial Gdns
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho

DATE REC'D BY LOCAL REG.: June 24, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R. Hansen — Robert R. Hansen
LICENSE NO.: E433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2610
Local Reg. No. 26
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place) 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Park Hill Manor 331

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 310
b. COUNTY Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kamiah
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) P c. (Last) Hronek

4. DATE OF DEATH (Month) June (Day) 4 (Year) 1967

5. SEX male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorsed 4
8. DATE OF BIRTH June 4, 1880
9. AGE (In years last birthday) 87 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer, retired 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Chelsea, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John Hronek BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Anna Skarda BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 60 9414
17. INFORMANT'S OWN SIGNATURE x Mrs Wilbur Watson ADDRESS Craigmont Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH 2 month

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death: Pericarditis, mitral and Bicuspid Valvulitis, Pulmonary Fibrosis

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES X NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from January, 1967, to June 4, 1967, that I last saw the deceased alive on June 4, 1967, and that death occurred at 1 60 m., from the causes and on the date stated above.

23a. SIGNATURE Wm Morrison MD 373 (Degree or title)
23b. ADDRESS Grangeville, Id
23c. DATE SIGNED 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-8-67
24c. NAME OF CEMETERY OR CREMATORY L. C. Memorial Gardens
24d. LOCATION (City, town, or county) Lewiston, Idaho (State)

DATE REC'D BY LOCAL REG. June 14 1967
REGISTRAR'S SIGNATURE Irma Cone
25. EMBALMER Cletus Uhlorn
LICENSE NO. E421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Clovis Mortuary

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2611
Local Reg. No. 25
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (in this place): 6 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 310
b. COUNTY: Lewis
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Craigmont
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Emma b. (Middle) c. (Last) Stigum

4. DATE OF DEATH (Month) (Day) (Year): June 11 1967

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: Nov. 25, 1883
9. AGE (In years last birthday): 84 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Jacob Brock BIRTHPLACE: Virginia
14. MOTHER'S MAIDEN NAME: Mary Cunningham BIRTHPLACE: Indianna

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: Myrtle Bohnhof ADDRESS: Craigmont, Id.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Infirmities of age — INTERVAL BETWEEN ONSET AND DEATH: 6 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Senile Rheumatoid arthritis
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from October, 1966, to June 11, 1967 that I last saw the deceased alive on June 11, 1967, and that death occurred at 10:05 A.m., from the causes and on the date stated above.

23a. SIGNATURE: W. W. Mannon M.D. 323 (Degree or title)
23b. ADDRESS: Grangeville Id.
23c. DATE SIGNED: 6/13/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem. burial
24b. DATE: 6-15-67
24c. NAME OF CEMETERY OR CREMATORY: I.O.O.F. Cemetery
24d. LOCATION (City, town, or county) (State): Craigmont, Idaho

DATE REC'D BY LOCAL REG.: June 14 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Clovis Atkison
LICENSE NO.: E-421
FIRM NAME: Clovis Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2612
Local Reg. No. 32
Reg. Dist. No. 240

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural 2 mi E. Kooskia
c. LENGTH OF STAY (In this place): 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Clearwater River 500

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): Richard
b. (Middle): Max
c. (Last): Oswalt

4. DATE OF DEATH (Month) (Day) (Year): June 13, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: April 10, 1935
9. AGE (In years last birthday): 32 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Logging 17
10b. KIND OF BUSINESS OR INDUSTRY: Lumbering
11. BIRTHPLACE (State or foreign country): Boone, Michigan
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Clarence Oswalt — BIRTHPLACE: Indiana
14. MOTHER'S MAIDEN NAME: Esther G. Graham — BIRTHPLACE: Michigan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes 1 — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 363-34-1732
17. INFORMANT'S OWN SIGNATURE: Sharon Oswalt — ADDRESS: Kooskia, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9298

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Head Injury +

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Drowning

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): 13 000
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not attended *, 19__, to _____, 19__, that I last saw the deceased alive on _____, 19__, and that death occurred at* 11 P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse M.D. 621
23b. [illegible]
23c. DATE SIGNED: 30 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial 1
24b. DATE: 6-28-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.: July 6, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R. Hansen — Robert R. Hansen
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 27 1967 Bureau of Vital Statistics

State File No. 2613
Local Reg. No. 29
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250 3-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
LENGTH OF STAY (in this place): 10 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): General Hosp. 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
d. STREET ADDRESS (If rural, give location): 3 miles S.E.

3. NAME OF DECEASED (Type or Print): a. (First) Martha b. (Middle) Ellenwood c. (Last) Morris

4. DATE OF DEATH: (Month) June (Day) 13 (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	Nez Perce Indian 3	Widowed 2	Unknown	Aprox. 86		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Wife - Mother 0	Own home	Stites, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Alex Morris	Idaho	Julia Nelson	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No			Gene Ellenwood	Kooskia Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchopneumonia &

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) parulent Bronchitis &

DUE TO (c) Multiple Abcesses

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☑ NO ☐

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 15 Apr., 1967, *to* 13 June, 1967, *that I last saw the deceased alive on* 13 June, 1967, *and that death occurred at* 6:30 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milton H. Weitas M.D.	Grangeville, Ida.	

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 17, 1967	Presbyterian Church Cem.	Stites Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 21 1967	Irma Cone	Clelia Wilson	E 421

FIRM NAME: Irenary Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2614
Local Reg. No. 27
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 21 1967 Bureau of Vital Statistics

250

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Grangeville
c. LENGTH OF STAY (In this place): 1 hr
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Grangeville General Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Washington 48
b. COUNTY: Snohomish 555
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Ed monds
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): George
b. (Middle): William 092
c. (Last): Gallagher

4. DATE OF DEATH (Month) (Day) (Year): June 13 1967

5. SEX: Male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3
8. DATE OF BIRTH: May 6 1902
9. AGE (In years last birthday): 65 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Security & Safety Officer
10b. KIND OF BUSINESS OR INDUSTRY: Manufacturing
11. BIRTHPLACE (State or foreign country): Ione, Iowa
12. CITIZEN OF WHAT COUNTRY?: US

13. FATHER'S NAME: Hugh Charles Gallagher — BIRTHPLACE: 30
14. MOTHER'S MAIDEN NAME: Orpha Mae Robinson — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 531 07 6080
17. INFORMANT'S OWN SIGNATURE: Rose H. Gallagher — ADDRESS: Edmonds Wash.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Massive CVA (hemorrhage?) — INTERVAL BETWEEN ONSET AND DEATH: 6 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): Congestive heart failure — 10 hours
DUE TO (c): Generalized Arteriosclerotic Cerebral & cardiovascular dis — 10 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Previous stroke & transient ischemic episodes — 10 yrs

331X

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 PM June 13, 1967, *to* June 13, 1967, *that I last saw the deceased alive on* June 13 3:00 PM, 1967, *and that death occurred at* 3:10 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): William H. Greenwood, M.D. 189
23b. ADDRESS
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: June 14 67
24c. NAME OF CEMETERY OR CREMATORY
24d. LOCATION (City, town, or county) (State): Seattle, Washington

DATE REC'D BY LOCAL REG.: June 15, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Clifton Alhlorn
LICENSE NO.: E 421

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Robertson - Hanson Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 22 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

APR 15 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2615
Local Reg. No. 34
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH 250
a. COUNTY Idaho 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) General Hospital 092

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Grangeville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) H. c. (Last) Eimers

4. DATE OF DEATH (Month) June (Day) 17 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2
8. DATE OF BIRTH June 12 1885
9. AGE (In years last birthday) 82 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Berryville, Arkansas
12. CITIZEN OF WHAT COUNTRY? U. S.

13. FATHER'S NAME Rufus Hurley BIRTHPLACE
14. MOTHER'S MAIDEN NAME BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518 01 9196 D
17. INFORMANT'S OWN SIGNATURE Paul F. Eimers ADDRESS Grangeville, Idaho

18. CAUSE OF DEATH 4200
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left ventricular failure — INTERVAL BETWEEN ONSET AND DEATH 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerotic heart dis — sev. years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Seven hypothyroidism — Sev. years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2 Mar, 1967, *to* 17 June, 1967, *that I last saw the deceased alive on* 16 June, 1967, *and that death occurred at* 12:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Donald Altman M.D. 487 (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 7 July 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 19 1967
24c. NAME OF CEMETERY OR CREMATORY Prairie View
24d. LOCATION (City, town, or county) Grangeville, Idaho (State)

DATE REC'D BY LOCAL REG. July 10, 1967
REGISTRAR'S SIGNATURE Irma Cone
25. EMBALMER Cletus Athlorn
LICENSE NO. E 421

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Robertson-Hansen Funeral Home

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Amended August 7, 1967

Certificate of Death

STATE OF IDAHO

State File No. 2616
Local Reg. No. 31
Reg. Dist. No. 240

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho 250
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place): hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rock Crusher near Kooskia

4-04

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 250 COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah Rural

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	Kenneth	Herman	Yates	June	20,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Sept 14, 1916	50				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Rock Crusher Operator	//Construction	Winona, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herman Yates	Denver, Idaho	Clara Segar	Thornton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-20-6706	Phyllis Yates	Kamiah, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

9443

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Rock Crusher Plant

21c. (CITY, TOWN, OR TOWNSHIP) 250 (COUNTY) (STATE) Near Kooskia, Idaho County, Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 20, 1967 - 9:20 AM

21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR? By contact, probably through water conduction, with high voltage.

22. *I hereby certify that I attended the deceased from* attended by, my partner, 19____, *that I last saw the deceased alive on* Dr. Morrison 19____, *and that death occurred at* 9:20 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Milton H. Wiltse, M.D. 621	Grangeville, Idaho	June 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 1967	Mt Zion	Kamiah Rural, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 29, 1967	Irma Cone	Robert R. Hansen	E 433

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

AFFIDAVIT FOR CORRECTION AND COMPLETION OF CERTIFICATE OF DEATH

STATE OF IDAHO

County of Idaho - ss.

Phyllis Yates, being first duly sworn upon oath deposes and says:

That she is the surviving wife of Kenneth Herman Yates, also known as Kenneth H. Yates, late of Idaho County, who died on the 20th day of June, 1967, and as such surviving wife affiant is a person in interest, and makes application for correction and completion of the Certificate of Death of the said Kenneth Herman Yates, which certificate is further identified as bearing Local Registrar's number 31, Registrar's District number 240, received in the Bureau of Vital Statistics of the State of Idaho on July 5, 1967.

That said Certificate of Death is incorrect in that it indicates that the date of birth of the decedent was August 14, 1916, whereas, in truth and in fact the date of his birth was September 14, 1916; and the incorrect date of birth, as shown by said certificate was overlooked by affiant when she signed the same as informant, and said incorrect entry was in fact a scrivener's error.

That said certificate is incomplete in that it fails to indicate that an autopsy was performed on the body of the decedent, and in fact an autopsy was performed .

That the birth of Kenneth Herman Yates, who was also known as Kenneth H. Yates, and who was the same person as the decedent, was registered with the Bureau of Vital Statistics of the State of Idaho, and the certificate for such birth was filed October 5, 1916 by G. S. Stockton, M. D., who was Registrar and also the attending physician. Said Birth Certificate

is identified as File No. 42410 , Registered No. 50, Registration District No. 103, Primary Registration District No. 2181, in the Bureau of Vital Statistics of the State of Idaho, and the same is made a part of this affidavit by reference as though fully set forth herein.

That Kenneth Herman Yates, named in the above mentioned Birth Certificate is the same person as Kenneth H. Yates, named in the Certificate of Death which is the subject of this affidavit.

WHEREFORE , Affiant prays that said Certificate of Death be corrected by showing date of birth to be September 14, 1967, and completed by showing that an autopsy was performed, that death occurred from an accident (21a), at a rock crusher plant near Kooskia, Idaho, 21 b and c), on June 20, 1967 (21d), while at work (21e) by electrocution from contact with high voltage electricty, prbably by water conduction. (21f).

Phyllis Yates

Subscribed and sworn to before me this July 14th 1967.

Notary Public for the State of Idaho,
residing at Grangeville, Idaho

(SEAL)

AFFIDAVIT

STATE OF IDAHO

County of Idaho - ss.

Robert R. Hansen, being first duly sworn upon oath, deposes and says:

That he is a Mortician residing and engaged in business at Grangeville, Idaho, and was in charge of arrangement for the funeral and burial of Kenneth Herman Yates, also known as Kenneth H. Yates, late of Idaho County, Idaho; and that he makes this affidavit in support of the application of Phyllis Yates, surviving spouse of the decedent, for correction and completion of the Certificate of Death for said decedent;

That affiant is the person who signed said certificate as Embalmer, and who was the scrivener of the typewritten portion of said certificate; and that the date of birth (item 8 of the certificate) written as Aug 14, 1916 was in error and should have been inscribed as Sept. 14, 1916.

That the certificate filed with the Department of Health, Bureau of Vital Statistics of the State of Idaho, on July 5, 1967, for Kenneth H. Yates, and which is the subject of this affidavit, is further identified as bearing Local Reg. No. 31, Reg. Dist. No. 240, and was signed by Milton H. Wiltse, M.D., as certifying to the death of said decedent, on behalf of his partner Dr. Morrison, both of whom are qualified physicians and surgeons practicing at Grangeville, Idaho.

Dated and signed this 20th day of July, 1967.

Robert R. Hansen

Robert R. Hansen

Subscribed and sworn to before me this 20th day of July, 1967.

Notary Public for the State of Idaho,
residing at Grangeville, Idaho.

(SEAL)

AFFIDAVIT

STATE OF IDAHO

County of Idaho - ss

Milton H. Wiltse, M. D. being first duly sworn upon oath deposes and says:

That he is a Physician and Surgeon, residing and practicing at Grangeville, Idaho, and Coroner of Idaho County, State of Idaho; and that he makes this affidavit in support of the application of Phyllis Yates for correction and completion of the Certificate of Death of Kenneth H. Yates, whose true full name was Kenneth Herman Yates, late of Idaho County, Idaho, which Death Certificate is identified as Local Reg. No. 31, Reg. Dist. No. 240, filed with the State Department of Health on July 5, 1967in the Bureau of Vital Statistics.

That this affiant signed said certificate as Medical Attendant on behalf of his partner Dr. Morrison of Grangeville, Idaho.

That certain items of the certificate were inadvertantly not completed, and affiant certifies that such items, should have been completed as follows:

20. Autopsy ? Yes
21a Accident
21b Rock Crusher plant
21c Near Kooskia, Idaho County, Idaho
21d June 20, 1967 9:20 A. M.
21e While at Work
21f By contact , probably through water conduction, with high voltage.
23c June 23, 1967.

WHEREFORE, affiant joins in the application of Phyllis Yates, surviving wife of the decedent, for completion of the said certificate.

Milton H. Wiltse, M. D.

Milton H. Wiltse, M. D.

Subscribed and sworn to before me this 31 day of July, 1967.

(SEAL)

Notary Public for the State of Idaho,
residing at Grangeville, Idaho

State File No. 2616
Local Reg. No. 31
Reg. Dist. No. 240

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Idaho
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kooskia
c. LENGTH OF STAY (in this place): hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rock Crusher at Kooskia

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kamiah
d. STREET ADDRESS (If rural, give location): Kamiah Rural

3. NAME OF DECEASED (Type or Print)
a. (First): KENNETH
b. (Middle): H
c. (Last): YATES

4. DATE OF DEATH (Month) (Day) (Year): June 20, 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 14, 1916
9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Rock Crusher Operator
10b. KIND OF BUSINESS OR INDUSTRY: Construction
11. BIRTHPLACE (State or foreign country): Winona, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Herman Yates — BIRTHPLACE: Denver, Idaho
14. MOTHER'S MAIDEN NAME: Clara Segar — BIRTHPLACE: Thornton, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518 20 6706
17. INFORMANT'S OWN SIGNATURE: x Phyllis Yates — ADDRESS: Kamiah, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 9148 Electrocution

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): #
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Attended by my partner *19*__, *19*__, *that I last saw the deceased* Dr Morrison *and that death occurred at* 9:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Milton H. Wiltse M.D.
23b. ADDRESS: Grangeville, Idaho
23c. DATE SIGNED

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 23, 1967
24c. NAME OF CEMETERY OR CREMATORY: Mt Zion
24d. LOCATION (City, town, or county) (State): Kamiah Rural, Idaho

DATE REC'D BY LOCAL REG.: June 29, 1967
REGISTRAR'S SIGNATURE: Irma Cone
25. EMBALMER: Robert R. Hansen — Robert R. Hansen
LICENSE NO.: E 433

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign his name in addition to giving the source of information.

JUL 5 1967

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

AUG 7 1967

FEB 12 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2617
Local Reg. No. 9
Reg. Dist. No. 242

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 11 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Idaho 250 600
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferdinand
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 600

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 250
b. COUNTY Idaho
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Ferdinand
d. STREET ADDRESS (If rural, give location) 2 miles N.

3. NAME OF DECEASED (Type or Print) a. (First) Frank b. (Middle) F. c. (Last) Johnson

4. DATE OF DEATH (Month) June (Day) 20 (Year) 67

5. SEX Male
6. COLOR OR RACE white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 3
8. DATE OF BIRTH Nov 29 1906
9. AGE (In years last birthday) 69 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY Stock & Grain
11. BIRTHPLACE (State or foreign country) Dallas Oregon
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME Frank Johnson BIRTHPLACE
14. MOTHER'S MAIDEN NAME Lena Nichols BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 42 3275
17. INFORMANT'S OWN SIGNATURE Mrs. Frank Johnson ADDRESS Ferdinand, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prev. Card. Dis.

DUE TO (c) (MI 5 yrs ago)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* not attended, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* noon *m., from the causes and on the date stated above.*

23a. SIGNATURE Milton H. Wiltse M.D. 621 (Degree or title)
23b. ADDRESS Grangeville, Idaho
23c. DATE SIGNED 21 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 26 June 67
24c. NAME OF CEMETERY OR CREMATORY Craigmont
24d. LOCATION (City, town, or county) (State) Craigmont, Idaho

DATE REC'D BY LOCAL REG. June 23, 1967
REGISTRAR'S SIGNATURE Wesley F. Orr, M.D. by T.N.
25. EMBALMER Curtis Uhlorn
LICENSE NO. E 421

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Uhlorn Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 12 1967

JUL 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2618
Local Reg. No. 15
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH 260
a. COUNTY Jefferson 102
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton | LENGTH OF STAY (in this place) 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Rural 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 260 b. COUNTY Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Terreton
d. STREET ADDRESS (If rural, give location) Rural

3. NAME OF DECEASED (Type or Print) a. (First) LEONA b. (Middle) IRENE c. (Last) MARTIN

4. DATE OF DEATH (Month) (Day) (Year) June 5, 1967

5. SEX Female

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4

8. DATE OF BIRTH July 30, 1933

9. AGE (In years last birthday) 33 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker 01

10b. KIND OF BUSINESS OR INDUSTRY Home

11. BIRTHPLACE (State or foreign country) Notrona, Wyoming

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Oscar E. Toothman | BIRTHPLACE West Va.

14. MOTHER'S MAIDEN NAME Mary Elsie Medlar | BIRTHPLACE Nebraska

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. 519-34-9731

17. INFORMANT'S OWN SIGNATURE Richard M Martin ADDRESS Hamer, Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gunshot wound in left temporal area 9268 — INTERVAL BETWEEN ONSET AND DEATH inst.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify) suicide 2

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) farm 02

21c. (CITY, TOWN, OR TOWNSHIP) 260 Terreton 13 **(COUNTY)** Jefferson **(STATE)** Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 5, 1967 ?m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR? Self inflicted.

22. *I hereby certify that I attended the deceased from* XXXX

DUTIES:

FEB 10 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 11 1982

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 6/9/1967

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 28 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2619
Local Reg. No. 16
Reg. Dist. No. 640

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
LENGTH OF STAY (in this place): 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): X

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson 112
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewisville
d. STREET ADDRESS (If rural, give location): X

3. NAME OF DECEASED (Type or Print): a. (First) BRETT b. (Middle) SHELDON c. (Last) HANCOCK

4. DATE OF DEATH: (Month) June (Day) 9, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married

8. DATE OF BIRTH: April 15, 1955

9. AGE (In years last birthday): 12
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Student

10b. KIND OF BUSINESS OR INDUSTRY: School 03

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho.

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: W. Garen Hancock
BIRTHPLACE: Lewisville, Id.

14. MOTHER'S MAIDEN NAME: Vona Kay Allen
BIRTHPLACE: Seattle, Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: None,

17. INFORMANT'S OWN SIGNATURE: Vona Hancock
ADDRESS: Lewisville, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe head injuries & possible fractured neck.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: Instant

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 00

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Lewisville 93 Jefferson 260 Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 9, 1967 2:45 PM

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

21f. HOW DID INJURY OCCUR?: Dragged by horse.

22. I hereby certify that death occurred at 2:45P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title): Norman Bell Coroner 583

23b. ADDRESS: Rigby, Idaho.

23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 13, 1967

24c. NAME OF CEMETERY OR CREMATORY: Lewisville

24d. LOCATION (City, town, or county) (State): Lewisville Jefferson Idaho

DATE REC'D BY LOCAL REG.: 6/12/67

REGISTRAR'S SIGNATURE: Mina B Eckersell

25. FUNERAL DIRECTOR: Bruce A. Eckersell

ADDRESS: Rigby, Idaho.

Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DPH-43021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No E-404 at Rigby, Idaho. on 6/9/1967

ADDITIONAL REMARKS by Physician.....

State File No. 2620
Local Reg. No. 17
Reg. Dist. No. 640

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUN 28 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Jefferson 260
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
c. LENGTH OF STAY (In this place): 22 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rte. #2 100

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 260
b. COUNTY: Jefferson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rigby (rural)
d. STREET ADDRESS (If rural, give location): Rte. #2

3. NAME OF DECEASED (Type or Print)
a. (First): IDA
b. (Middle): MARIE
c. (Last): SMITH

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: Jan. 13, 1885
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Homemaker 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Willard, Utah.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Cyril Josiah Call — BIRTHPLACE: Utah
14. MOTHER'S MAIDEN NAME: Mary Ellen Wood — BIRTHPLACE: Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.:
17. INFORMANT'S OWN SIGNATURE: [signature] — ADDRESS: Rigby, Idaho

18. CAUSE OF DEATH 260X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 5 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 5 years
DUE TO (c) Diabetes mellitus — 10 years +

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Manic Depressive Psychoses — years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: None Performed.
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* August, 1961, *to* 16 June, 1967, *that I last saw the deceased alive on* 15 June, 1967, *and that death occurred at* 8:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Ovall Tall, 522 (Degree or title) M.D.
23b. ADDRESS: Rigby, Idaho.
23c. DATE SIGNED: 18 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 19, 1967
24c. NAME OF CEMETERY OR CREMATORY: Pioneer
24d. LOCATION (City, town, or county) (State): Rigby Jefferson Idaho

DATE REC'D BY LOCAL REG.: 6/18/67
REGISTRAR'S SIGNATURE: Mrs A B Eckersell
25. FUNERAL DIRECTOR: Bruce A. Eckersell — ADDRESS: Rigby, Idaho.
Eckersell Memorial Chapel

Federal Security Agency
United States Public Health Service
Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: DEC 12 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of Bruce A. Eckersell Lic. No. E-404 at Rigby, Idaho. on 6/16.1967

ADDITIONAL REMARKS by Physician.....

State File No. 2621
Local Reg. No. 996
Reg. Dist. No. 440

Certificate of Death

RECEIVED JUN 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 270
a. COUNTY Jerome 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 205 East Ave. "B"

3. NAME OF DECEASED (Type or Print) a. (First) GERTRUDE b. (Middle) NORMA 099 c. (Last) HARTIN

4. DATE OF DEATH (Month) (Day) (Year) June 6, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH July 19, 1906
9. AGE (In years last birthday) 60 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) Lebanon, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William Johnson BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Effie Coffman BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S OWN SIGNATURE Mrs Mable Conrad ADDRESS Jerome, Ida.

18. CAUSE OF DEATH 174 X
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma uterus with metastases — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 11/23/66
19b. MAJOR FINDINGS OF OPERATION As noted above #18 I
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2/17/66, 19__, *to* 6/6/67, 19__, *that I last saw the deceased alive on* 6/5/67, 19__, *and that death occurred at* 4:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE W. Carlyle Small 477 (Degree or title) MD 1
23b. ADDRESS Jerome Idaho
23c. DATE SIGNED 6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 7, 1967
24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery
24d. LOCATION (City, town, or county) (State) Lebanon, Missouri

DATE REC'D BY LOCAL REG. June 9, 1967
REGISTRAR'S SIGNATURE Louella M. Schuer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: ..... JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2622
Local Reg. No. 998
Reg. Dist. No. 440

RECEIVED JUN 19 1967 Vital Statistics Bureau of Health

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
c. LENGTH OF STAY (in this place): 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. # 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome (rural)
d. STREET ADDRESS (If rural, give location): Rt. 4

3. NAME OF DECEASED (Type or Print): a. (First) FRANK b. (Middle) 100 c. (Last) JOHNS

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: Aug. 19, 1892

9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Oklahoma Territory

12. CITIZEN OF WHAT COUNTRY?: USA

13. FATHER'S NAME: John M. Johns — BIRTHPLACE: unknown

14. MOTHER'S MAIDEN NAME: unknown — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No

16. SOCIAL SECURITY NO.: 518 14 4295

17. INFORMANT'S OWN SIGNATURE: X Mrs. Eunice Spencer — ADDRESS: Twin Falls, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: 20 minutes

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): Angina pectoris — 2 years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1957, 19___, *to* 6/67, 19___, *that I last saw the deceased alive on* 12/12/66, 19___, *and that death occurred at* 3:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Carlyle Smith 477 (Degree or title) MD

23b. ADDRESS: Jerome, Idaho

23c. DATE SIGNED: 6/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 15, 1967

24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery

24d. LOCATION (City, town, or county) (State): Jerome, Idaho

DATE REC'D BY LOCAL REG.: June 16 1967

REGISTRAR'S SIGNATURE: Loweta M. Scherer

25. EMBALMER: W. L. Hove — LICENSE NO.: E-431

FIRM NAME: Hove Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 17 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2623
Local Reg. No. 997
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 16 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
c. LENGTH OF STAY (in this place) 600
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 270 b. COUNTY Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome
d. STREET ADDRESS (If rural, give location) 1420 Olympia Dr.

3. NAME OF DECEASED (Type or Print) a. (First) MARY b. (Middle) CLARIN 099 c. (Last) DUNDAS

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 30, 1886
9. AGE (In years last birthday) 80 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY at home
11. BIRTHPLACE (State or foreign country) St. Paul, Minnesota
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Charles Gifford BIRTHPLACE Iowa
14. MOTHER'S MAIDEN NAME Mary Louise Sperry BIRTHPLACE Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. --
17. INFORMANT'S OWN SIGNATURE Mrs Mary Louise Click ADDRESS Jerome, Ida.

18. CAUSE OF DEATH 4500
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Severe arteriosclerosis — INTERVAL BETWEEN ONSET AND DEATH yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1 Jun, 1964, *to* 17 Jun, 1967, *that I last saw the deceased alive on* 7 Jun, 1967, *and that death occurred at* 5:00a *m., from the causes and on the date stated above.*

23a. SIGNATURE L. M. Keher, M.D. 385 (Degree or title)
23b. ADDRESS Jerome Ida.
23c. DATE SIGNED 17 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Lewiston Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. June 12 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. EMBALMER W. L. Hove
LICENSE NO. E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

FEB 2 1 2007

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2624
Local Reg. No. 999
Reg. Dist. No. 440

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Jerome 270
b. CITY OR TOWN Jerome
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Benedict's Hospital 999

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Jerome 270
c. CITY OR TOWN Jerome
d. STREET ADDRESS (If rural, give location) 1011 No. Buchanan

3. NAME OF DECEASED (Type or Print)
a. (First) Bruce
b. (Middle) Leland
c. (Last) Mink

4. DATE OF DEATH (Month) (Day) (Year) June 15, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH June 15, 1967
9. AGE (In years last birthday) | If under 1 year: Months / Days | If under 24 hrs.: Hours 9 / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant 02
10b. KIND OF BUSINESS OR INDUSTRY ---
11. BIRTHPLACE (State or foreign country) Jerome, Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Leland L. Mink — BIRTHPLACE Gooding, Ida.
14. MOTHER'S MAIDEN NAME Mary Erwin — BIRTHPLACE Wendell, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. ---
17. INFORMANT'S OWN SIGNATURE X Leland L. Mink ADDRESS Jerome, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity — INTERVAL BETWEEN ONSET AND DEATH 9 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/15, 1967, *to* 6/15, 1967, *that I last saw the deceased alive on* 6/15, 1967, *and that death occurred at* 3:01p m., *from the causes and on the date stated above.*

23a. SIGNATURE J. E. Rhoat 476 (Degree or title) M.D.
23b. ADDRESS Jerome, Ida
23c. DATE SIGNED June 16 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 16, 1967
24c. NAME OF CEMETERY OR CREMATORY Jerome Cemetery
24d. LOCATION (City, town, or county) Jerome, Idaho (State)

DATE REC'D BY LOCAL REG. June 16, 1967
REGISTRAR'S SIGNATURE Lenora M. Roberts
25. EMBALMER W. L. Hove
LICENSE NO. E-431

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hove Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: D-67-5761 JUL 27 1970

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Harold Holsinger

Certificate of Death

RECEIVED STATE OF IDAHO

State File No. 2625
Local Reg. No. 1000
Reg. Dist. No. 440

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Jerome 270 JUN 27 1967 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Jerome, Idaho.
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Benedict's Hospital 099

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 240 b. COUNTY Gooding
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Wendell
d. STREET ADDRESS (If rural, give location) 489 3rd avenue West

3. NAME OF DECEASED (Type or Print) a. (First) Bert b. (Middle) Oliver c. (Last) Strickland

4. DATE OF DEATH (Month) June (Day) 19 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 28, 1881
9. AGE (In years last birthday) 85 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer (retired) 04
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Medicine Lodge, Kansas.
12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME Henry Lee Strickland BIRTHPLACE Oceola, Mo.
14. MOTHER'S MAIDEN NAME Edna Cole BIRTHPLACE Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 543-20-8113
17. INFORMANT'S OWN SIGNATURE X Garnet Strickland ADDRESS Wendell. Idaho.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

331X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Cerebral Hemorrhage	6 hrs
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* (b)	Pulmonary Emphysema	10 yrs
DUE TO (c)	Recent Hip Fracture (Rt)	3 days
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Arteriosclerosis & old age	10 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1943, 19__, *to* death, 19__, *that I last saw the deceased alive on* June 18, 1967, *and that death occurred at* 6:15 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE X Harold G. Holsinger 240 (Degree or title) MD
23b. ADDRESS Wendell, Ida
23c. DATE SIGNED 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-22-1967
24c. NAME OF CEMETERY OR CREMATORY Wendell Cemetery
24d. LOCATION (City, town, or county) Wendell Gooding (State) Idaho.

DATE REC'D BY LOCAL REG. June 26 1967
REGISTRAR'S SIGNATURE Louella M. Scherer
25. EMBALMER X Robert Meyer LICENSE NO. 424-
FIRM NAME: Thompson Chapel Gooding, Ida.

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2626
Local Reg. No. 1001
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 30 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: JEROME 270 3-05
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JEROME
c. LENGTH OF STAY (in this place): 5 DAYS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST BENEDICT HOSPITAL 099

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: IDAHO 240
b. COUNTY: GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): WENDELL
d. STREET ADDRESS (If rural, give location): RT. 1.

3. NAME OF DECEASED (Type or Print)
a. (First): BEN
b. (Middle):
c. (Last): CENARRUSA

4. DATE OF DEATH (Month) (Day) (Year): JUNE 26, 1967

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 3
8. DATE OF BIRTH: MAR. 19, 1900
9. AGE (In years last birthday): 67 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER 04
10b. KIND OF BUSINESS OR INDUSTRY: AGG.
11. BIRTHPLACE (State or foreign country): VISCAYA SPAIN
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: LEON CENARRUSA — BIRTHPLACE: SPAIN
14. MOTHER'S MAIDEN NAME: JOSEPHINE ????UNK. — BIRTHPLACE: SPAIN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-42-6278A
17. INFORMANT'S OWN SIGNATURE: Mary Cenarrusa — ADDRESS: Wendell Ida. R. 1.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

2041

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic Myologenous Leukemia — INTERVAL BETWEEN ONSET AND DEATH: 4 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive Heart Failure — 2 yrs.
DUE TO (c): Arteriosclerosis — Generalized — 5 yrs.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Esophageal Varices — 6 mo
Hepato-Spleno Megally — 4 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-3, 1944 *to* Death, 19__, *that I last saw the deceased alive on* June 26, 1967, *and that death occurred at* 8 A. *m., from the causes and on the date stated above.*

23a. SIGNATURE: Harold G. Holsinger, M.D. 240 (Degree or title)
23b. ADDRESS: Wendell, Ida.
23c. DATE SIGNED: 6/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6/29/1967
24c. NAME OF CEMETERY OR CREMATORY: JEROME
24d. LOCATION (City, town, or county) (State): JEROME CO. IDAHO.

DATE REC'D BY LOCAL REG.: June 28 1967
REGISTRAR'S SIGNATURE: Louella M. Scherer
25. EMBALMER: J. Forrest Weaver — LICENSE NO.: E 353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2627
Local Reg. No. 1002
Reg. Dist. No. 440

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

270 000 099

1. PLACE OF DEATH
a. COUNTY: Jerome
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): StBenedicts Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): 415 1st Av West

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Sidney
c. (Last): Robinson

4. DATE OF DEATH (Month) (Day) (Year): June 26 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 5 1881
9. AGE (In years last birthday): 85 — IF UNDER 1 YEAR Months: 9 Days: 21 — IF UNDER 24 HRS. Hours: Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Willis Indiana
12. CITIZEN OF WHAT COUNTRY? U S

13. FATHER'S NAME: John Robinson — BIRTHPLACE: North Carolina
14. MOTHER'S MAIDEN NAME: Mattie Chestnut — BIRTHPLACE: Georgia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 518-22-8565
17. INFORMANT'S OWN SIGNATURE: Mrs. Leonard Gill — ADDRESS: Jerome Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

442X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Internal bleeding of N.O. — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Arteriosclerotic C.V.R. disease — yrs.
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 1956, to 26 Jun, 1969, that I last saw the deceased alive on 26 Jun, 1967, and that death occurred at 6 P m., from the causes and on the date stated above.*

23a. SIGNATURE: R. M. Neher, M.D. 385 (Degree or title) 1
23b. ADDRESS: Jerome
23c. DATE SIGNED: 28 Jun 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/29/67
24c. NAME OF CEMETERY OR CREMATORY: Jerome Cemetery
24d. LOCATION (City, town, or county) (State): Jerome Idaho

DATE REC'D BY LOCAL REG.: June 30, 1967
REGISTRAR'S SIGNATURE: Lorella M. Scherer
25. FUNERAL DIRECTOR: J R Wiley — ADDRESS: Jerome Idaho

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAR 6 1978

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT, the OFFICIAL last in attendance on the deceased and HIS OWN signature.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

This body embalmed under direction of J.R. Worley Lic. No. E 258 at Jerome Idaho on 6/26/67

ADDITIONAL REMARKS by Physician

Certificate of Death

RECEIVED

STATE OF IDAHO

State File No. 2628
Local Reg. No. 1005
Reg. Dist. No. 440

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Jerome 270 — JUL 13 1967 — 1:04
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
c. LENGTH OF STAY IN (this place): 4 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Benedicts Hospital 099

Bureau of Vital Statistics

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 270
b. COUNTY: Jerome
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jerome
d. STREET ADDRESS (If rural, give location): St. Benedicts Hospital

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
JANE	G.	MCGRANE	June 27, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
female	white	widowed 2	Nov. 26, 1885	81				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
housewife 07	own home	Iowa	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Murrey	Cresco, Iowa	Catherine Egan	Chicago, Illinois

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-40-3548	x Edith M. Grane	Idaho Falls, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Thrombosis	2
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	atherosclerosis	6 yrs.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept 10 1964 *to* June 27, 1967, *that I last saw the deceased alive on* June 26, 1967 *and that death occurred at* 3 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
James E. Howe	476 MD.	Jerome Ida	7/10/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 27, 1967	Rosehill Cemetery	Idaho Falls, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 12 1967	Louella M. Schurr	W. L. Hove	E-431

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Hove Funeral Chapel

AUG 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2629
Local Reg. No. 94
Reg. Dist. No. 120

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alane
Statement of STAY (in this place): 2 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 812½ Boyd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Myrtle
b. (Middle): Clara
c. (Last): Bowen

4. DATE OF DEATH: (Month) June (Day) 4 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: 3/15/1886

9. AGE (In years last birthday): 81
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (State or foreign country): Silver Bow, Montana

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Ed Durston
BIRTHPLACE: England

14. MOTHER'S MAIDEN NAME: Sarah J. Meadow
BIRTHPLACE: Penn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-12-9734D

17. INFORMANT'S OWN SIGNATURE: Mrs. Grant Roy
ADDRESS: Coeur dIAlene, Idah

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute Myocardial Infarction
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): ASHD
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11:05 PM, 6-4-67 *to* 11:50 PM, 6-4-67, *that I last saw the deceased alive on* 6-4-67, 19___, *and that death occurred at* 11:50 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): MD

23b. ADDRESS: 816 Sherman, Coeur d'Alene, Ida.

23c. DATE SIGNED: 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/8/1967

24c. NAME OF CEMETERY OR CREMATORY: Restlawn Memorial Pk

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: June 7, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred H. Noland
LICENSE NO.: E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2630
Local Reg. No. 105
Reg. Dist. No. 120

RECEIVED
JUN 12 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF DAY (In this place): 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 841 N. 3rd St.

3. NAME OF DECEASED (Type or Print)
a. (First): Lloyd
b. (Middle): Frank 101
c. (Last): Stevens

4. DATE OF DEATH (Month) June (Day) 4, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 2-28-1894
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired): Retired Railroad
10b. KIND OF BUSINESS OR INDUSTRY: Northern Pacific
11. BIRTHPLACE (State or foreign country): South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Frank J. Stevens 10 — BIRTHPLACE: Unobtainable
14. MOTHER'S MAIDEN NAME: Mary B. Taylor — BIRTHPLACE: Iowa

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-01-0043
17. INFORMANT'S OWN SIGNATURE: Evangeline A Stevens — ADDRESS: 841 N. 3rd, Coeur d'alene, Ida

18. CAUSE OF DEATH 592X
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Uremia — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Congestive heart failure
DUE TO (c): Chronic glomerulonephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Pulmonary Emphysema

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1966, 19__, *to* June 4, 1967, *that I last saw the deceased alive on* June 4, 1967, *and that death occurred at* 6 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE: WM Schwabt 192 (Degree or title) MLA
23b. ADDRESS: 302 N 5th
23c. DATE SIGNED: 5 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal-Bur
24b. DATE: 6-5-67
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Ida.

DATE REC'D BY LOCAL REG.: June 7, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Tiplinger Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Brower Mann Funeral Home

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2631
Local Reg. No. 111
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUN 22 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d8 Alene
c. LENGTH OF STAY (in this place) 30 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 555 Snohomish
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Stanwood
d. STREET ADDRESS (If rural, give location) Camino Island, Rural Route

3. NAME OF DECEASED (Type or Print)
a. (First) Harry
b. (Middle) B.
c. (Last) Clark

4. DATE OF DEATH (Month) (Day) (Year) June 6 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 4
8. DATE OF BIRTH April 14, 1891
9. AGE (In years last birthday) 76 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sherriff 08
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Oregon City, Oregon
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. R. Clark
BIRTHPLACE Missouri
14. MOTHER'S MAIDEN NAME Sarah Holburt
BIRTHPLACE Mississippi

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes
(If yes, give war or dates of service) World War 114
16. SOCIAL SECURITY NO. 535-18-0692
17. INFORMANT'S OWN SIGNATURE Lewis A. Clark
ADDRESS 234 Georgia St. East Wenatchee, Wa

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of larynx — INTERVAL BETWEEN ONSET AND DEATH 2 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on* June 6, 1967, *and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE R. H. Engleston MD 658 (Degree or title)
23b. ADDRESS Hayden Lake, Idaho
23c. DATE SIGNED 6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 12, 1967
24c. NAME OF CEMETERY OR CREMATORY Evergreen Memorial Park
24d. LOCATION (City, town, or county) (State) East Wenatchee, Washington

DATE REC'D BY LOCAL REG. June 20, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER [signature]
LICENSE NO. E-493

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

OCT 22 1971

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2632
Local Reg. No. 108
Reg. Dist. No. 12°

BIRTH NO. 281

RECEIVED JUN 19 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 380 b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Harrison
d. STREET ADDRESS (If rural, give location): Route #2

3. NAME OF DECEASED (Type or Print): a. (First) Cary b. (Middle) Dana 101 c. (Last) Leonard

4. DATE OF DEATH: (Month) June (Day) 6, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married

8. DATE OF BIRTH: June 4, 1967

9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 2 IF UNDER 24 HRS. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None 02

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (State or foreign country): Coeur d'Alene, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Wilbur Leonard — BIRTHPLACE: Idaho

14. MOTHER'S MAIDEN NAME: Bonnie Lou Damiano — BIRTHPLACE: Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None

16. SOCIAL SECURITY NO.: NOne

17. INFORMANT'S OWN SIGNATURE: X Wilbur Leonard ADDRESS: Harrison, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Erythroblastosis Fetalis — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Rh factor incompatabilities of mother — Unknown
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/4/ , 1967 , *to* 6/6/ , 1967 , *that I last saw the deceased alive on* 6/6 , 1967 , *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE H. Don Moseley, M.D. (Degree or title) 325
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 6/8/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-9-1967
24c. NAME OF CEMETERY OR CREMATORY: Restlawn Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d'Alene, Idaho

DATE REC'D BY LOCAL REG.: June 13, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: M. F. Englinger
LICENSE NO.: E 397
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES: B-67-5783

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

wilso

Certificate of Death

STATE OF IDAHO

State File No. 2633
Local Reg. No. 106
Reg. Dist. No. 120

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d'Alene Homes

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): Coeur d'Alene Homes

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Ole		Finnebott	June	9	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	Nov. 6, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farming	Agriculture	Norway	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Ole Finnebotten	Norway	Ingeborg Nesse	Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None	518-40-6903	Elmer Nesse	Coeur d'Alene, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hypostatic pneumonia	2 days
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Uremia	months
DUE TO (c)	Urinary track obstruction	months.

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1966, *to* June 9, 1967, *that I last saw the deceased alive on* April 4, 1967, *and that death occurred at* 6:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. Wray Wilson 568	MD	Coeur d'Alene, Idaho	6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-13-1967	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 14, 1967	Lorraine K. Bruce	Bill Lenff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

JUN 10 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 09 2000

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Lyon

Certificate of Death

STATE OF IDAHO

State File No. 2634
Local Reg. No. 110
Reg. Dist. No. 120

BIRTH NO. 281

RECEIVED JUN 19 1967 Vital Statistics Bureau of

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
LENGTH OF STAY (in this place):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
d. STREET ADDRESS (If rural, give location): 1308 N. 7th Street

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	George	101	Straub	June 10, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	April 7, 1895	72		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Lumber 17	Millworker	Russia	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unobtainable	--------	Unobtainable	---------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	Peace time 17	536-03-2167-A	Elsie L Straub	Coeur d'Alene, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchogenic Carcinoma - Rt lung — INTERVAL BETWEEN ONSET AND DEATH: over 6 mo.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
—	—	YES ☐ NO ☑

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
—	—	—

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
— m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	—

22. *I hereby certify that I attended the deceased from* Jan. 3, 1967, *to* June 10, 1967, *that I last saw the deceased alive on* ~~May~~ MAY 25, 1967, *and that death occurred at* _____ m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert Ryan M.D.	Coeur d'Alene, Idaho	6.12.67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-13-1967	Forest Cemetery	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 14, 1967	Lorraine K. Brush	Bill Huff	E-439

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Dr. Wood

Certificate of Death

STATE OF IDAHO

State File No. 2635
Local Reg. No. 112
Reg. Dist. No. 120

RECEIVED JUN 22 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281 4401
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene
c. LENGTH OF STAY (in this place): 1 hour
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 280
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rathdrum
d. STREET ADDRESS (If rural, give location): Box 316

3. NAME OF DECEASED (Type or Print)
a. (First): Sharon
b. (Middle): Lee 101
c. (Last): Masterson

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: 1-26-1946
9. AGE (In years last birthday): 21 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Waitress 064
10b. KIND OF BUSINESS OR INDUSTRY: Cafe
11. BIRTHPLACE (State or foreign country): Butte, Montana
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Lee Joy — BIRTHPLACE: Montana
14. MOTHER'S MAIDEN NAME: Bernice Shepard — BIRTHPLACE: Wyoming

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 519-50-8829
17. INFORMANT'S OWN SIGNATURE: Donna F. Masterson — ADDRESS: Rathdrum, Idaho

18. CAUSE OF DEATH 8224
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Trauma Ruptured trachea — INTERVAL BETWEEN ONSET AND DEATH: 2 hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b): c tracheal vessels
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway 06
21c. (CITY, TOWN, OR TOWNSHIP) 280 (COUNTY) (STATE): Rathdrum, Kootenai, Idaho 13
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-11-67 4 a m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Fell asleep while driving car, car overturned

22. *I hereby certify that I attended the deceased from* Apr 2, 1967, *to* June 11, 1967, *that I last saw the deceased alive on* June 11, 1967, *and that death occurred at* 6 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE 658 (Degree or title): R. H. Engleston MD 1
23b. ADDRESS: Hayden Lake, Idaho
23c. DATE SIGNED: 6-13-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3
24b. DATE: 6-14-1967
24c. NAME OF CEMETERY OR CREMATORY: Mt. View Cemetery
24d. LOCATION (City, town, or county) (State): Dillon, Montana

DATE REC'D BY LOCAL REG.: June 16, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: Bill Huff
LICENSE NO.: E-439

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 22 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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D ?

Certificate of Death

STATE OF IDAHO

State File No. 2636
Local Reg. No. 917
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 28
b. CITY OR TOWN Coeur d'Alene
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 28
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) 2514 N. 7th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Ernest
b. (Middle) E. 26
c. (Last) Haggerty

4. DATE OF DEATH (Month) June (Day) 13, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Nov. 8, 1874
9. AGE (In years last birthday) 92 | IF UNDER 1 YEAR Months | Days | IF UNDER 24 HRS. Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 07
10b. KIND OF BUSINESS OR INDUSTRY Agriculture
11. BIRTHPLACE (State or foreign country) Wisconsin
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John D. Haggerty
BIRTHPLACE Unobtainable
14. MOTHER'S MAIDEN NAME Saphrona Savage
BIRTHPLACE Unobtainable

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-12-8694
17. INFORMANT'S OWN SIGNATURE Blanche K. Swaney
ADDRESS Kila, Mont

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

442X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 1. Pneumonia 2. Hypertensive arterio-sclerotic cardio-renal disease
INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May 5, 19 63, to June 10, 19 67, that I last saw the deceased alive on ____ 19 ____, and that death occurred at 12 p.m., from the causes and on the date stated above.

23a. SIGNATURE C. T. Culbertson, M.D. (Degree or title)
23b. ADDRESS Hayden Lake, Idaho
23c. DATE SIGNED June 15, 196

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-15-1967
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. June 21 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Cluff
LICENSE NO. E-439

FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

...ormant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2637
Local Reg. No. 115
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai
b. CITY OR TOWN Coeur d'Alene
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Kootenai
c. CITY OR TOWN Hayden Lake
d. STREET ADDRESS (If rural, give location) Box 152

3. NAME OF DECEASED (Type or Print)
a. (First) Myrtle
b. (Middle) Minerva
c. (Last) Champ

4. DATE OF DEATH (Month) June (Day) 16, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH Nov. 21, 1896
9. AGE (In years last birthday) 70
IF UNDER 1 YEAR Months Days
IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Welfare Director
10b. KIND OF BUSINESS OR INDUSTRY Campbell Co. Wyo
11. BIRTHPLACE (State or foreign country) South Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles McClelland
BIRTHPLACE Pennsylvania
14. MOTHER'S MAIDEN NAME Salome Cronn
BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 520-34-0179
17. INFORMANT'S OWN SIGNATURE Walter K. Champ
ADDRESS Hayden Lake, Ida

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Obstructive jaundice
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma of pancreas
DUE TO (c)
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
(a) months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-12, 1967, *to* 6-16, 1967, *that I last saw the deceased alive on* 6-16, 1967, *and that death occurred at* 12 m., *from the causes and on the date stated above.*

23a. SIGNATURE Russ M. Lanham 622 (Degree or title)
23b. ADDRESS Hayden Lake Idaho
23c. DATE SIGNED 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-19-1967
24c. NAME OF CEMETERY OR CREMATORY Restlawn Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. June 28, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER Bill Luff
LICENSE NO. E-439
FIRM NAME: English Chapel, Coeur d'Alene

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

MAY 07 1900

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2638
Local Reg. No. 116
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH — a. COUNTY: Kootenai 28 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene — c. LENGTH OF STAY (in this place): — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 26

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE: Idaho 28 — b. COUNTY: Kootenai — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d'Alene — d. STREET ADDRESS (If rural, give location): 809 Montana

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Charles		Dittemore	June	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
M	W	Widowed 2	Feb 17, 1870	97				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
00		Calif	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Lewis Dittemore	Mo.	Marilla Hall	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or Unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
NO	None		Mrs. Gladys Bey	Snoqualami Wash

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic Heart disease. — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 1946, 19__, *to* 6-12, 1967, *that I last saw the deceased alive on* 6-12, 1967, *and that death occurred at* 9:00 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
28 [illegible] MD	[illegible]	6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 21, 67	Forest	Coeur d'Alene Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 23, 1967	Lorraine K. Brush	Gilbert Yates	E-365

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

DEC 4 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 26 1986

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2639 2639
Local Reg. No. 113
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
c. LENGTH OF STAY (In this place) 100
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Pinewood Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 280
b. COUNTY Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Coeur d'Alene
d. STREET ADDRESS (If rural, give location) Route #2

3. NAME OF DECEASED (Type or Print)
a. (First) Elin
b. (Middle) Marje 261
c. (Last) Benson

4. DATE OF DEATH (Month) (Day) (Year) June 17, 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct. 4, 1880
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Sweden
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME J. E. Johansson — BIRTHPLACE Sweden
14. MOTHER'S MAIDEN NAME Engberg Blomgren — BIRTHPLACE Sweden

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. 518-01-0570D
17. INFORMANT'S OWN SIGNATURE Oscar E Benson — ADDRESS Idaho Coeur d'Alene

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Severe ASHD — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-14, 1967, *to* June 17, 1967, *that I last saw the deceased alive on* June 15, 1967, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Richard H. Engelstein 658 (Degree or title) MD
23b. ADDRESS Hayden Lake, Idaho
23c. DATE SIGNED 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6-20-1967
24c. NAME OF CEMETERY OR CREMATORY Forest Cemetery
24d. LOCATION (City, town, or county) Coeur d'Alene (State) Idaho

DATE REC'D BY LOCAL REG. June 21, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N. F. Riplinger Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel, coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

wood

Certificate of Death

STATE OF IDAHO

State File No. 2640
Local Reg. No. 114
Reg. Dist. No. 120

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY Kootenai 280 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-Rosspoint
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Spokane River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 091
b. COUNTY Bonner
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sandpoint
d. STREET ADDRESS (If rural, give location) 307 N. Ella Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Donald
b. (Middle)
c. (Last) Bitterich

4. DATE OF DEATH (Month) June (Day) 18, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) Never Married 1
8. DATE OF BIRTH Nov. 6, 1931
9. AGE (In years last birthday) 35 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Sandpoint, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Jesper G. Bitterich — BIRTHPLACE Illinois
14. MOTHER'S MAIDEN NAME Olga Pederson — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Mrs. Shirley Braun — ADDRESS Panderay

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

9298

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Accidental Drowning — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Spokane River 18
21c. (CITY, TOWN, OR TOWNSHIP) 13 280 (COUNTY) Kootenai (STATE) Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Drowned while swimming

22. *I hereby certify that I attended the deceased from* Did not, 19___, *to* _____, 19___, *that I last saw the deceased alive on* _____, 19___, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE 583 William T. Wood, M.D. (Degree or title) Coroner 4
23b. ADDRESS Coeur d'Alene, Idaho
23c. DATE SIGNED 6-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6-19-1967
24c. NAME OF CEMETERY OR CREMATORY Moon Mortuary
24d. LOCATION (City, town, or county) Sandpoint, (State) Idaho

DATE REC'D BY LOCAL REG. June 21, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. EMBALMER N.F. Riplinger, Jr. — N.F. Riplinger, Jr.
LICENSE NO. E-397

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: English Chapel, Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 19 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 25 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2641
Local Reg. No. 118
Reg. Dist. No. 120

Certificate of Death

STATE OF IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH 281

a. COUNTY: Kootenai

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene

c. LENGTH OF STAY (In this place): 14 yrs. 114

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Coeur d' Alene Homes 103

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 281

b. COUNTY: Kootenai

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,

d. STREET ADDRESS (If rural, give location): Coeur d' Alene Homes

3. NAME OF DECEASED (Type or Print)

a. (First): WALKER

b. (Middle): G

c. (Last): RICHARDSON

4. DATE OF DEATH (Month) June (Day) 19, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: 6/6/1878

9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): unknown 80

10b. KIND OF BUSINESS OR INDUSTRY: unknown

11. BIRTHPLACE (State or foreign country): Buchanan County, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Unknown — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT'S OWN SIGNATURE — ADDRESS: Alice G. Brown Eureka, California

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial infarct — INTERVAL BETWEEN ONSET AND DEATH: two hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b): arteriosclerosis — years

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*: Previous minor cerebrovascular accident — 3 years

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 11-17, 1960, *to* 6-19, 1967, *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* 6:30 P *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): G Barclay M.D. 026

23b. ADDRESS: Coeur d'Alene, Idaho

23c. DATE SIGNED: 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/22/67

24c. NAME OF CEMETERY OR CREMATORY: Pines Cemetery

24d. LOCATION (City, town, or county) (State): Opportunity, Washington

DATE REC'D BY LOCAL REG.: June 23, 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 31 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2642
Local Reg. No. 119
Reg. Dist. No. 120

BIRTH NO.

1. PLACE OF DEATH — a. COUNTY Kootenai 280 176 — b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Medimont — LENGTH OF STAY (in this place) 76 Years — d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Died in his garden 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). — a. STATE Idaho 280 — b. COUNTY Kootenai — c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Medimont — d. STREET ADDRESS (If rural, give location) General Delivery

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Walter	Louis	Blessing	June	23	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	11-5-1888	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer & Woodsman 84	Diversified	Washington	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Titus Blessing	Iowa	Anna Margaret Huffmann	Germany

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	None		Mrs Walter L. Blessing	Medimont Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH Instant

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) 4291

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June 15, 1967 *to* June 23 1967, *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* 10:30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R. A. Rapp M.D.	St. Maries Ida	6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6-27-1967	Medimont Cemetery	Medimont Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
June 30, 1967	Lorraine K. Brush	David O. Hansen	E-510

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Browning Funeral Home

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2643
Local Reg. No. 120
Reg. Dist. No. 120

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUL 7 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY KOOTENAI 281
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D" ALENE
c. LENGTH OF STAY (In this place) 800
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) KOOTEANI MEMORIAL HOSPT.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 281
b. COUNTY KOOTENAI
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) COEUR D' ALENE
d. STREET ADDRESS (If rural, give location) 1222-A-STREET

3. NAME OF DECEASED (Type or Print)
a. (First) EDWARD
b. (Middle) 101
c. (Last) FISHER

4. DATE OF DEATH (Month) (Day) (Year) JUNE 27, 1967

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 3
8. DATE OF BIRTH APRIL 17, 1921
9. AGE (In years last birthday) 46 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Fireman 08
10b. KIND OF BUSINESS OR INDUSTRY Cd'a Fire Dept.
11. BIRTHPLACE (State or foreign country) NORTH DAKOTA
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Henry Fisher — BIRTHPLACE Russia
14. MOTHER'S MAIDEN NAME Sophia — BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES 1 — (If yes, give war or dates of service) WAR TWO 4
16. SOCIAL SECURITY NO. 518-05-2882
17. INFORMANT'S OWN SIGNATURE Mrs Edw. Fisher — ADDRESS 1222-A-St. Coeur d' Alene, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY THROMBOSIS, MASSIVE.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 30 MIN.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6/27, 1967, *to* 6/27, 1967, *that I last saw the deceased alive on* 6/27, 1967, *and that death occurred at* 10:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE Christox 174 (Degree or title) III D. 1
23b. ADDRESS Coeur d Alene Ida
23c. DATE SIGNED 6/27/67

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 1
24b. DATE 7-1-67
24c. NAME OF CEMETERY OR CREMATORY FOREST CEMETERY
24d. LOCATION (City, town, or county) (State) COEUR D' ALENE IDAHO

DATE REC'D BY LOCAL REG. July 3, 1967
REGISTRAR'S SIGNATURE Lorraine K. Brush
25. FUNERAL DIRECTOR English Chapel — ADDRESS Coeur d' Alene, Idaho

By N. F. Tiplinger Jr.

E-397

Federal Security Agency
United States Public Health Service

Form DPH-48021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to DIVISION OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2643

Certificate of Death

RECEIVED

JUL 7 1967

STATE OF IDAHO

1. PLACE OF DEATH
A. COUNTY: KOOTENAI
B. CITY: COEUR D' ALENE
C. HOSPITAL: KOOTENAI MEMORIAL HOSPT.
D. STREET ADDRESS: 1222-A-STREET

2. DATE OF DEATH: JULY 7 1967

3. NAME OF DECEDENT: EDWARD FISHER

4. DATE OF BIRTH: JUNE 27, 1967

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARITAL STATUS: MARRIED
8. DATE OF BIRTH: APRIL 17, 1921
9. USUAL OCCUPATION: Retired Fireman
10. KIND OF BUSINESS: Cd'a Fire Dept.
11. BIRTHPLACE: NORTH DAKOTA
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13. FATHER'S NAME: Henry Fisher
14. BIRTHPLACE: Russia
15. MOTHER'S MAIDEN NAME: Sonbia
16. BIRTHPLACE: Russia
17. WAS DECEDENT EVER IN U.S. ARMED FORCES: YES
18. SOCIAL SECURITY NUMBER: 519-06-2092
19. INFORMANT'S NAME AND ADDRESS: 1222-A-St. Coeur d'Alene, Ida.

20. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).
PHYSICIAN'S CERTIFICATION
DIRECT CAUSE
ANTECEDENT CAUSES
Underlying cause last
21. OTHER SIGNIFICANT CONDITIONS
22. MAJOR FINDINGS OF OPERATION
23. AUTOPSY: Yes No

24. ACCIDENT, SUICIDE, HOMICIDE
25. PLACE OF INJURY
26. HOW DID INJURY OCCUR

27. I hereby certify that I last saw the deceased alive on July 7, 1967, and that death occurred at 1:00 P.M. from the causes and at the time stated above.

28. DATE SIGNED: 7-1-67
29. ADDRESS: 1222-A-St. Coeur d'Alene, Ida.

30. BURIAL, CREMATION, REMOVAL
31. NAME OF CEMETERY: FOREST CEMETERY
32. LOCATION (City, town, or county): COEUR D' ALENE IDAHO

33. FUNERAL DIRECTOR: English Chapel
34. ADDRESS: Coeur d'Alene, Idaho

By: E-397

Pr. Fred Rikson

Certificate of Death

STATE OF IDAHO

State File No. 2644
Local Reg. No. 128
Reg. Dist. No. 120

RECEIVED JUL 18 1967 Bureau of Vital Statistics

BIRTH NO. 281

1. PLACE OF DEATH
a. COUNTY: Kootenai
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 6 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 281
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 1204 St. Maries Ave.

3. NAME OF DECEASED (Type or Print)
a. (First): Luetta
b. (Middle): M. 101
c. (Last): Thibodeau

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: April 26, 1900
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife-Salesman 61
10b. KIND OF BUSINESS OR INDUSTRY: Home-Retail
11. BIRTHPLACE (State or foreign country): Minneapolis, Minnesota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Harry Erum — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hansini Hansen — BIRTHPLACE: Denmark

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: 518-20-2549
17. INFORMANT'S OWN SIGNATURE: X Elsie M. English, Coeur d'Alene — ADDRESS: Ida

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma with metastasis, generalized — INTERVAL BETWEEN ONSET AND DEATH: 10 mo.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Primary Carcinoma of Thyroid.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan., 1966, *to* June 28, 1967, *that I last saw the deceased alive on* June 27, 1967, *and that death occurred at* 5:00A *m., from the causes and on the date stated above.*

23a. SIGNATURE: Lynn C Fredrikson MD. 177 (Degree or title)
23b. ADDRESS: Coeur d'Alene, Idaho
23c. DATE SIGNED: 6/29/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-30-1967
24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery
24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Ida.

DATE REC'D BY LOCAL REG.: July 5, 1967
REGISTRAR'S SIGNATURE: Lorraine K. Brush
25. EMBALMER: N. F. Riplinger, Jr.
LICENSE NO.: E-397

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: English Chapel-Coeur d'Alene

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2645
Local Reg. No. 129
Reg. Dist. No. 120

RECEIVED JUL 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
c. LENGTH OF STAY (In this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Kootenai Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene
d. STREET ADDRESS (If rural, give location): 938 6th. St.

3. NAME OF DECEASED (Type or Print): a. (First) William b. (Middle) Wesley c. (Last) Hull

4. DATE OF DEATH (Month) (Day) (Year): June 29, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: 3-31-1904

9. AGE (In years last birthday): 63 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Car Salesman

10b. KIND OF BUSINESS OR INDUSTRY: Broderick Motor

11. BIRTHPLACE (State or foreign country): Sibley, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: George Hull — BIRTHPLACE: Unknown

14. MOTHER'S MAIDEN NAME: Lelia McMillon — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 519-09-8473

17. INFORMANT'S OWN SIGNATURE: Mrs. Leah Hull — ADDRESS: Coeur d' Alene, Idaho

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Renal Failure with uremia — INTERVAL BETWEEN ONSET AND DEATH: 4 wks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial failure secondary to Myocardial infarct — 12 wks

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1955, 19__, *to* 6-29, 1967, *that I last saw the deceased alive on* 6-28, 1967, *and that death occurred at* 3 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] MD

23b. ADDRESS: Coeur d'Alene Idaho

23c. DATE SIGNED: 6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: July 1, 67

24c. NAME OF CEMETERY OR CREMATORY: Forest Cemetery

24d. LOCATION (City, town, or county) (State): Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.: July 18 1967

REGISTRAR'S SIGNATURE: Lorraine K. Brush

25. EMBALMER: Fred H. Noland — LICENSE NO.: E-493

FIRM NAME: Yates Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 31 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2646
Local Reg. No. 125
Reg. Dist. No. 126

RECEIVED JUL 18 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Kootenai 28 1-10
b. CITY OR TOWN (If outside corporate limits or RURAL, give township): Coeur d' Alene
LENGTH OF STAY (in this place): 10 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Pinewood Manor 261

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 28
b. COUNTY: Kootenai
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Coeur d' Alene,
d. STREET ADDRESS (If rural, give location): 1902 St. Maries St.

3. NAME OF DECEASED (Type or Print): a. (First) Elsie; b. (Middle); c. (Last) Gooby

4. DATE OF DEATH: (Month) June (Day) 29, (Year) 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Married 3	9-9-1891	75				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
House Wife 01	Home	Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
N.E. Allebaugh	Ill.	Mellie Jenhinson	Ill.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		518-01-6156B	Mr. William R. Gooby	Coeur d' Alene, Ida

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 3317 Cerebro Vascular Accident — INTERVAL BETWEEN ONSET AND DEATH: 6 wks.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Cardiac Decompensation

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* 1959, *to* ____, 19____, *that I last saw the deceased alive on* 6-27, 1967, *and that death occurred at* 7A m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
W. Douglas MD 26 (Degree or title)	Coeur d'Alene Idaho	6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7-1-67	Forest Cemetery	Coeur d' Alene, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
July 10, 1967	Lorraine K. Brush	Fred H. Noland	E-493

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Yates Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: NOV 6 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information. NOV 6 1980

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2647
Local Reg. No. 75
Reg. Dist. No. 200

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 103
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 3 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: 48 Washington 555
b. COUNTY: Whitman
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Pullman
d. STREET ADDRESS (If rural, give location): 1708 A

3. NAME OF DECEASED (Type or Print): a. (First) Garnett b. (Middle) Austin c. (Last) Street

4. DATE OF DEATH (Month) (Day) (Year): June 4, 1967

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Dec. 13, 1883
9. AGE (In years last birthday): 83 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Real Estate Broker 24
10b. KIND OF BUSINESS OR INDUSTRY: Real Estate
11. BIRTHPLACE (State or foreign country): Browning, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Joseph Austin Street — BIRTHPLACE: Scottsville Mo.
14. MOTHER'S MAIDEN NAME: Alice Belle Scott — BIRTHPLACE: Scottsville, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 539-07-7806
17. INFORMANT'S OWN SIGNATURE: Joseph A Street — ADDRESS: 406 Dix Ln Pullman

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac failure due to — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary arteriosclerosis 10 years
DUE TO (c) Generalized arteriosclerosis 20 years

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death:* Malnutrition, General failure 1 month

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-5, 1965, *to* 6-4, 1967, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 605 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph A Wilson M 871 567 568 (Degree or title)
23b. ADDRESS: Moscow, Idaho
23c. DATE SIGNED: 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/8/67
24c. NAME OF CEMETERY OR CREMATORY: Greenwood Mausoleum
24d. LOCATION (City, town, or county) (State): Spokane, Washington

DATE REC'D BY LOCAL REG.: 6-9-67
REGISTRAR'S SIGNATURE: Patricia L Kappen by Wayne R Heishori, Deputy
25. EMBALMER: Dale E Kimball — LICENSE NO. D 59
FIRM NAME: Kimball Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 15 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 72648
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 291
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1-04 Hyrs. 4mos
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): a. (First) Nathan; b. (Middle) (None); c. (Last) Oslund

4. DATE OF DEATH: (Month) June (Day) 5, (Year) 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 11

8. DATE OF BIRTH: Jan. 18, 1885

9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Mechanical work 21

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Dassel, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Oslund — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Unknown — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 519-24-9598

17. INFORMANT'S OWN SIGNATURE: X [illegible] — ADDRESS: Lewiston, Idaho

18. CAUSE OF DEATH

Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis Heart Disease — INTERVAL BETWEEN ONSET AND DEATH: yrs

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Arteriosclerosis Obliterans — yrs

DUE TO (c) Generalized Arteriosclerosis — yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 1960, 19__, *to* 6-5, 1967, *that I last saw the deceased alive on* 6-4, 1967, *and that death occurred at* 9:30 P.M., *from the causes and on the date stated above.*

23a. SIGNATURE: Philip D. Speckman M.D. — (Degree or title): 490

23b. ADDRESS: Genesee Idaho

23c. DATE SIGNED: 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: June 9, 1967

24c. NAME OF CEMETERY OR CREMATORY: Dry Creek Cemetery

24d. LOCATION (City, town, or county) (State): Troy Idaho

DATE REC'D BY LOCAL REG.: 6-16-67

REGISTRAR'S SIGNATURE: Patricia L. Kayser by Wayne R. Kerkvliet Deputy

25. EMBALMER: Donald Ward — LICENSE NO.: E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2649
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO. 241 RECEIVED JUN 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 2 hrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Hoospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print): a. (First) Anna b. (Middle) Christine c. (Last) Bugh

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1967

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married 3

8. DATE OF BIRTH: March 28, 1898

9. AGE (In years last birthday): 69 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): housewife 01

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Minnesota

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Carl Fredrickson — BIRTHPLACE: Sweden

14. MOTHER'S MAIDEN NAME: Karrin Johnson — BIRTHPLACE: Minn.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 518-24-3058

17. INFORMANT'S OWN SIGNATURE: X Raymond R Bugh — ADDRESS: Troy, Ida.

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probably coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH: few min.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial failure with marked enlargement — 10 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Emphysema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE: Lowell M Loehr MD (Degree or title) 318
23b. ADDRESS: Box 402, Moscow, Idaho
23c. DATE SIGNED: 6/14/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Burnt Ridge Cemetery
24d. LOCATION (City, town, or county) (State): Troy Idaho

DATE REC'D BY LOCAL REG.: 6-16-67
REGISTRAR'S SIGNATURE: Dorothea Kappes by Mayme R. Hershaw Deputy
25. EMBALMER: Donald Ward
LICENSE NO.: E-380
FIRM NAME: Short's Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

OCT 28 1976

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 78 200 2650
Local Reg. No.
Reg. Dist. No.

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 290 1-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
c. LENGTH OF STAY (in this place): 10 Yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): at Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Troy
d. STREET ADDRESS (If rural, give location): Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First): Florence
b. (Middle): Ella
c. (Last): Soward

4. DATE OF DEATH (Month) (Day) (Year): June 12, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: June 20, 1890
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: at home
11. BIRTHPLACE (State or foreign country): Ash Flat, Arkansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Burl Horton — BIRTHPLACE: Tennessee
14. MOTHER'S MAIDEN NAME: Vanie Timmons — BIRTHPLACE: Tennessee

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 510362740
17. INFORMANT'S OWN SIGNATURE: Pauline Spencer — ADDRESS: Troy, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

794X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Disabilities of old age

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1-13, 1967, *to* 6-12, 1967, *that I last saw the deceased alive on* 6-10, 1967, *and that death occurred at* 2:30P. *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Leslie P. Youngs 580 M.D.
23b. ADDRESS: Troy Clinic, Troy, Idaho
23c. DATE SIGNED: 6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow, Idaho

DATE REC'D BY LOCAL REG.: 6-16-67
REGISTRAR'S SIGNATURE: Patricia L. Kaysen by Wayne R. Deisher Deputy.
25. EMBALMER: Donald Ward
LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 23 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 79 2651
Local Reg. No. 200
Reg. Dist. No.

RECEIVED JUN 27 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 290
a. COUNTY Latah 5-10
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick
c. LENGTH OF STAY (in this place) 10 Min.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Ed Nelson Home Kendrick, Ida.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Kendrick
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Ernest b. (Middle) Marion 800 c. (Last) Davis

4. DATE OF DEATH (Month) (Day) (Year) June 12, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married
8. DATE OF BIRTH April 6, 1892
9. AGE (In years last birthday) 75 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Laborer 06
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Southwick, Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John W. Davis BIRTHPLACE Wales
14. MOTHER'S MAIDEN NAME Mary Andrews BIRTHPLACE Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW1 3
16. SOCIAL SECURITY NO. 519-03-2246
17. INFORMANT'S OWN SIGNATURE Annabel L. Dunn ADDRESS Tacoma, Wn.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4281

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 15 min

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Coronary sclerosis — ?

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* none, 19___, *to* _____, 19___, *that I last saw the deceased alive on* June 11, 1967, *and that death occurred at* 3:20 A m., *from the causes and on the date stated above.*

23a. SIGNATURE D A Christensen 091 (Degree or title) MD
23b. ADDRESS Kendrick Idaho
23c. DATE SIGNED 6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 15, 1967
24c. NAME OF CEMETERY OR CREMATORY Kendrick Cemetery
24d. LOCATION (City, town, or county) Kendrick (State) Idaho

DATE REC'D BY LOCAL REG. 6-23-67
REGISTRAR'S SIGNATURE Patricia L Koppens by Wayne R Heikari Deputy
25. EMBALMER Donald Ward LICENSE NO. E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 80 2652
Local Reg. No. 200
Reg. Dist. No.

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 291 1-01
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
c. LENGTH OF STAY (in this place): 1 yr. 5 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 291
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 213 N. Almon

3. NAME OF DECEASED (Type or Print)
a. (First): Thora
b. (Middle): (none)
c. (Last): Swenson

4. DATE OF DEATH (Month) (Day) (Year): June 16 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Jan. 7, 1884
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Stevenson — BIRTHPLACE: Norway
14. MOTHER'S MAIDEN NAME: Hagan — BIRTHPLACE: Norway

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-20-6505
17. INFORMANT'S OWN SIGNATURE: X Gladys T. Yeager — ADDRESS: Benton City, Wn.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4500

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Acute gastro enteritis — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypostatic pneumonia — 1 day
DUE TO (c): Generalized arteriosclerosis — 20 year

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Chronic Malaryotis with Cirrhosis — years

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-19, 1958, *to* June 16, 1967, *that I last saw the deceased alive on* June 16, 1967, *and that death occurred at* 2:10 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): [signature] Wilson M.D. 567
23b. ADDRESS:
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 21, 1967
24c. NAME OF CEMETERY OR CREMATORY: Moscow Cemetery
24d. LOCATION (City, town, or county) (State): Moscow Idaho

DATE REC'D BY LOCAL REG.: 6-23-67
REGISTRAR'S SIGNATURE: Patricia L. Kappen by Wayne R. Heiskari, Deputy
25. EMBALMER: Donald Ward — LICENSE NO.: E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 29 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 812653
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 5 1967 Vital Statistics Bureau of Health

1. PLACE OF DEATH
a. COUNTY Latah 29 3-07
b. CITY OR TOWN Moscow
LENGTH OF STAY (in this place) 7 days
d. FULL NAME OF HOSPITAL OR INSTITUTION Gritman Memorial Hospital 112

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 29 b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 513 S. Hayes

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	George	Arthur	Wallace	June	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	Sept. 7 1881	85				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		Carthage, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Unknown	Unknown	Unknown	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-12-8577	x H. C. Wallace	Moscow, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	HYPERTENSIVE-ARTERIOSCLEROTIC	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	CARDIOVASCULAR-RENAL DISEASE	15 yrs.
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	PERNICIOUS ANEMIA	22 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* June, 1957, *to* June 17, 1967, *that I last saw the deceased alive on* June 16, 1967, *and that death occurred at* 12:00A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M1D.	Moscow, Idaho	June 26 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 20, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-67	Cheryl A. Williams	Donald Wood	E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 32654
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (In this place) 12 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 308 S. Van Buren

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 39
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 308 S. Van Buren

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Mabel	Johanna	Richardson		June	20	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Widowed 2	July 1, 1878	88				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 0	at home	Appleton City, Missouri	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
George H. Moody	New Brunswick	Ida Manning	St. Lewis, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		519-28-9330-D	× Dorothy Richardson	Moscow

4201

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertensive-Arteriosclerotic Heart disease — 15 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* October, 1952, *to* June 20, 1967, *that I last saw the deceased alive on* June 20, 1967, *and that death occurred at* 3:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] DLS	M.D.	Moscow, Idaho	26 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 23, 1967	Moscow Cemetery	Moscow Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-67	Cheryl A. Williams	Ronald Ward	E-30

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 5 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 82655
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY in this place: 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Royal Motor Inn Moscow, Idaho

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 07 Connecticut b. COUNTY 55
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Norwich
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Paul	Luther	Petrich		June	20,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Oct. 31, 1922	44				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Principal 26	School	Browns Town, Indiana	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Herbert Petrich	Indiana	Elsie Bettcher	Logansport, Indiana

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	WW 2	305-14-6066	David K Date	Moscow, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute Coronary Thrombosis	Minutes
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Marked Arteriosclerosis	
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	21f. HOW DID INJURY OCCUR?
m.		

22. I hereby certify that I attended the deceased from _____, 19___, to June 20, 1967, that I last saw the deceased alive on _____, 19___, and that death occurred at 12:30 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M.D. Coroner	Moscow, Idaho	June 23, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Removal	June 21, 1967	Aufinberg Funeral Home	Montpelier Indiana

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-67	Cheryl A. Williams	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

JUL 5 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 82656
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
LENGTH OF STAY (in this place): 3 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 510 E. 6th

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Jerry	S.	MacVean	June	21,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Male	White	Married 3	Dec. 4, 1909	57				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Office Equipment 21	Repairman	Shenandoah, Iowa	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Hugh D. MacVean	LeRoy, New York	Myrtle Graham	Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-10-3142	Frances MacVean	Moscow, Ida.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	ESOPHAGEAL VARICES WITH HEMORRHAGE	6 hours
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	PORTAL CIRRHOSIS OF LIVER	unknown
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Generalized arteriosclerosis	unknown

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Sept, 1952, *to* June, 1967, *that I last saw the deceased alive on* June 21, 1967 *and that death occurred at* 9:15A *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Moscow, Idaho	8 July 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)	
Cremation	June 24, 1967	Hazen Jaegen F.H.	Spokane	Washington

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-14-67	Cheryl Ann Williams	Donald Ward	E-380

FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service

Form DH-69021

JUL 25 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or publit records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 9 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 82657
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

RECEIVED JUL 5 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Latah 29
b. CITY OR TOWN (If outside corporate limits, write RURAL and township): Moscow
c. LENGTH OF STAY (in this place): 7 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Latah Nursing Home 306

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 290
b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Genesee
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Phillip
c. (Last): Krier

4. DATE OF DEATH (Month) (Day) (Year): June 24, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2

8. DATE OF BIRTH: Nov. 29, 1880

9. AGE (In years last birthday): 86
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY: Agriculture

11. BIRTHPLACE (State or foreign country): Caledonia, Minnesota

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Peter Krier
BIRTHPLACE: Belgium

14. MOTHER'S MAIDEN NAME: Mary Welch
BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: 518-56-0701

17. INFORMANT'S OWN SIGNATURE: Herman Kreers
ADDRESS: Troy, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure
INTERVAL BETWEEN ONSET AND DEATH: 2 months

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b):
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* June 18, 1967, *to* June 24, 1967, *that I last saw the deceased alive on* June 22, 1967, *and that death occurred at* 8:15P m., *from the causes and on the date stated above.*

23a. SIGNATURE: Edward L. Boas (Degree or title): MD
23b. ADDRESS: Professional Bldg. Moscow, Ida
23c. DATE SIGNED: June 28, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify): Buried
24b. DATE: June 27, 1967
24c. NAME OF CEMETERY OR CREMATORY: Genesee Catholic Cemetery
24d. LOCATION (City, town, or county) (State): Genesee Idaho

DATE REC'D BY LOCAL REG.: 6-30-67
REGISTRAR'S SIGNATURE: Cheryl A. Williams
25. EMBALMER: Ronald Ward
LICENSE NO.: E-380
FIRM NAME: Short's Funeral Chapel

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 11 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

SEP 20 1985

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 18 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2658
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Latah 29 — 3-23
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow — LENGTH OF STAY (in this place): 23 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Gritman Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 29 — b. COUNTY: Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Moscow
d. STREET ADDRESS (If rural, give location): 410 E. Morton

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Helga	Martha	Dunn	June 28, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	Oct. 28, 1899	67		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	at home	Byrant South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Carl A. Anderson	Sweden	Amanda Peterson	South Dakota

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	519-12-4180	X Emery M Dunn	Moscow, Ida.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRO-VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Severe deforming generalized rheumatoid arthritis — 20 years

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* August, 1957, *to* June, 1967, *that I last saw the deceased alive on* June 28, 1967, *and that death occurred at* 1:30 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature]	M.D.	Moscow, Idaho	8 July 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	July 1, 1967	Moscow Cemetery	Moscow, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-14-67	Cheryl Ann Williams	Donald Ward	E-380

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Short's Funeral Chapel

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

RECEIVED JUL 11 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2659
Local Reg. No. 200
Reg. Dist. No.

BIRTH NO.

1. PLACE OF DEATH 291
a. COUNTY Latah 2-08
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
c. LENGTH OF STAY (in this place) 8 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Paradise Villa Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 291
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Moscow
d. STREET ADDRESS (If rural, give location) 220 N. Van Buren

3. NAME OF DECEASED (Type or Print) a. (First) Marguerite b. (Middle) Connaughton 329 c. (Last) David

4. DATE OF DEATH (Month) June (Day) 28 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH July 29, 1890
9. AGE (In years last birthday) 76 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Baltimore, Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Connaughton BIRTHPLACE Ireland
14. MOTHER'S MAIDEN NAME Eva Heaton BIRTHPLACE Maryland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-09-5821-B
17. INFORMANT'S OWN SIGNATURE Homer David ADDRESS Moscow

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4200

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Heart Failure

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart disease
DUE TO (c) Diabetes mellitus

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral arteriosclerosis

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION —
19b. MAJOR FINDINGS OF OPERATION —
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-31, 1935, *to* 6-28, 1967, *that I last saw the deceased alive on* 6-28, 1967, *and that death occurred at* 9:05 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE Geoff G. Wilson 567 (Degree or title) MD
23b. ADDRESS Moscow Idaho
23c. DATE SIGNED 6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE July 1, 1967
24c. NAME OF CEMETERY OR CREMATORY Moscow Cemetery
24d. LOCATION (City, town, or county) Moscow, (State) Idaho

DATE REC'D BY LOCAL REG. 7-7-67
REGISTRAR'S SIGNATURE Cheryll Ann Williams
25. EMBALMER Donald Ward
LICENSE NO. E-380

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Short's Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

AUG 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

State File No. 2660
Local Reg. No. 690
Reg. Dist. No.

RECEIVED JUL 6 1967 Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
c. LENGTH OF STAY (in this place): 67 yrs. 167
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steele Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
Carrie	Ada 119	Soule	6	19	67

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
female	white	never married 7	Oct. 11, 1882	84 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): retired registrar 08
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Jefferson City, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Horace W. Soule	Maine	Rebecca Jane Kerr	Canada

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO. 518-14-8699
17. INFORMANT'S OWN SIGNATURE: Peter T. Soule ADDRESS:

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis — 5 years

493X

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-14, 1967, *to* 6-19, 1967, *that I last saw the deceased alive on* 6-19-67 19___, *and that death occurred at* 4:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Roy Hendricks 474 MD	Salmon Idaho	6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
burial	6-23-67	Salmon Cemetery	Salmon, Lemhi, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-30-67	Viola E. Johnson	Delbert C. Jones	E-369

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 11 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2661
Local Reg. No. 690
Reg. Dist. No.

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUL 13 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: Lemhi 300
b. CITY OR TOWN (If outside corporate limits, write RURAL and give Bureau of Vital Statistics): Salmon
c. LENGTH OF STAY (in this place): 37 yrs. 137
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Steel Memorial Hospital 117

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 300
b. COUNTY: Lemhi
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Salmon
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): Roy
b. (Middle):
c. (Last): Powers

4. DATE OF DEATH (Month) 6 (Day) 28 (Year) 67

5. SEX: male
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Oct. 16, 1888
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 00
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Virginia City, Montana
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Henry Powers — BIRTHPLACE: unknown
14. MOTHER'S MAIDEN NAME: Rose McKinney Powers — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-12-8907A
17. INFORMANT'S OWN SIGNATURE: Burton J. Powers — ADDRESS:

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

1913

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer face — INTERVAL BETWEEN ONSET AND DEATH: 3 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 1, 1967, *to* June 28, 1967, *that I last saw the deceased alive on* June 26, 1967, *and that death occurred at* 12:20 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Roy W. Sinclair 474 Eng 1
23b. ADDRESS: Salmon Idaho
23c. DATE SIGNED: 7-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify): burial, removal 3
24b. DATE: July 1, 67
24c. NAME OF CEMETERY OR CREMATORY: Hillcrest
24d. LOCATION (City, town, or county): Arco (State): Idaho

DATE REC'D BY LOCAL REG.: July-9-67
REGISTRAR'S SIGNATURE: Viola E. Johnson
25. EMBALMER: Delbert Jones
LICENSE NO.: E-369

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2662
Local Reg. No. 646
Reg. Dist. No. 430

Certificate of Death

RECEIVED
JUN 16 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH 320
a. COUNTY LINCOLN 101
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SHOSHONE
c. LENGTH OF STAY (in this place) 15, MO.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) WOOD RIVER NURSING HOME 240

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE IDAHO 240
b. COUNTY GOODING
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) WENDELL.
d. STREET ADDRESS (If rural, give location) 170 6th.AV.W.

3. NAME OF DECEASED (Type or Print)
a. (First) ELMA
b. (Middle) H.
c. (Last) SHUEY

4. DATE OF DEATH (Month) (Day) (Year) JUNE, 2, 1967

5. SEX F
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW 2
8. DATE OF BIRTH AUG. 27, 1883
9. AGE (In years last birthday) 83 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE 01
10b. KIND OF BUSINESS OR INDUSTRY DOMESTIC
11. BIRTHPLACE (State or foreign country) PLAINVILLE KANSAS
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME JOHN HERSBERGER — BIRTHPLACE UNK.
14. MOTHER'S MAIDEN NAME SARAH BOYD — BIRTHPLACE UNK.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 543-18-8692
17. INFORMANT'S OWN SIGNATURE Helen Love (Mrs Hesl.) — ADDRESS Shoshone, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

332X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH 3 Days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Cerebral arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* February, 1966, *to* June 2, 1967, *that I last saw the deceased alive on* June 1, 1967, *and that death occurred at* 8:55 *m., from the causes and on the date stated above.*

23a. SIGNATURE [signature] 386 (Degree or title)
23b. ADDRESS 1 Box 68 Shoshone Idaho
23c. DATE SIGNED 6-6-67

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL 3
24b. DATE 6/6/1967
24c. NAME OF CEMETERY OR CREMATORY WENDELL
24d. LOCATION (City, town, or county) GOODING CO. (State) IDAHO.

DATE REC'D BY LOCAL REG. 6-14-67
REGISTRAR'S SIGNATURE Francis M. Bergin
25. EMBALMER J. Forrest Weaver — LICENSE NO. E 353
FIRM NAME: Weaver Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2663
Local Reg. No. 644
Reg. Dist. No. 4/30

RECEIVED JUN 9 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 320 Lincoln 100
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
DURATION OF STAY (in this place) yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320 b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Richfield
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
ELMO	RAY	PATTERSON	June	5,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	Nov. 12, 1911	55	6	23		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Beekeeper 04		Spanish Fork (Leland) Utah	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Wilford Patterson	Spanish Fork, Ut	Jennie LaVern Atwood	Spanish Fork, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	no	518-09-7745	X Norma Patterson	Richfield, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Coronary Artery occlusion	Instant
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterio Sclerotic Heart Disease	7 yrs
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Diabetes Mellitus	8 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* ____, 1950, *to* June 5, 1967, *that I last saw the deceased alive on* May 31, 1967, *and that death occurred at* 10:04 m., *from the causes and on the date stated above.*

23a. SIGNATURE	23b. ADDRESS	23c. DATE SIGNED
[signature] MD 386 (Degree or title)	Box 68 Shoshone Idaho	6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 8, 1967	Richfield Cemetery	Richfield, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-7-67	Francis M. Bergin	Francis M. Bergin	E-463

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Bergin Funeral Chapel

JUN 13 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

OCT 5 1977

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 16 1980

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2664
Local Reg. No. 647
Reg. Dist. No. 430

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 30 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 320 Lincoln 202
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone
c. LENGTH OF STAY (In this place) Months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Woodriver Convalescent Home 240

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Shoshone Rural
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) JOHN
b. (Middle) L.
c. (Last) CONNELL

4. DATE OF DEATH (Month) June (Day) 26, (Year) 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 30, 1877
9. AGE (In years last birthday): 89 — IF UNDER 1 YEAR Months 8 Days 26 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired farmer 04
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: Unknown — BIRTHPLACE: UNknown
14. MOTHER'S MAIDEN NAME: Mirand Tarter — BIRTHPLACE: Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 518-42-6207
17. INFORMANT'S OWN SIGNATURE: X [signature] Connell — ADDRESS: Shoshone, Ida.

332X

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Generalized Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* ____, 1947, *to* June 26, 1967, *that I last saw the deceased alive on* June 26, 1967, *and that death occurred at* 9:30 A.M. *m., from the causes and on the date stated above.*

23a. SIGNATURE: [signature] 386 (Degree or title)
23b. ADDRESS: N Box 68 Shoshone Idaho
23c. DATE SIGNED: 6-28-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6-29-1967
24c. NAME OF CEMETERY OR CREMATORY: Shoshone Cemetery
24d. LOCATION (City, town, or county) (State): Shoshone, Idaho

DATE REC'D BY LOCAL REG.: 6-28-67
REGISTRAR'S SIGNATURE: Francis M. Bergin
25. EMBALMER: Francis M. Bergin
LICENSE NO.: E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2665
Local Reg. No. 648
Reg. Dist. No. 430

RECEIVED JUL 7 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 320 Lincoln 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Near Kimama, Idaho
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Samuel Clark Ranch-Kimama Rural 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 320
b. COUNTY Lincoln
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Samuel Clark Ranch-Near Kimama
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) WILLIAM
b. (Middle) HOWELL
c. (Last) MONTGOMERY

4. DATE OF DEATH (Month) June (Day) 29, (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 4 Divorced
8. DATE OF BIRTH Oct. 13, 1912
9. AGE (In years last birthday) 54 — If under 1 year: Months 8, Days 16 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer 04
10b. KIND OF BUSINESS OR INDUSTRY Farming
11. BIRTHPLACE (State or foreign country) Fairland, Oklahoma
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME J. C. Montgomery
BIRTHPLACE Cassville, Mo.
14. MOTHER'S MAIDEN NAME Unknown
BIRTHPLACE Fairland, Oklahoma

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 411-10-8844
17. INFORMANT'S OWN SIGNATURE X Robert Montgomery
ADDRESS Pampa, Texas

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

3222

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration of vomitus — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Intoxication
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 02
21c. (CITY, TOWN, OR TOWNSHIP) Sam Clark Ranch 13 (COUNTY) Lincoln 320 (STATE) Idaho

21d. TIME OF INJURY (Month) June (Day) 29 (Year) 67 (Hour) 3:30 A m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? apparently intoxicated, vomited + aspirated

22. *I hereby certify that I attended the deceased from* Did not see alive, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* 3:30 A *m., from the causes and on the date stated above.*

23a. SIGNATURE X [signature] 583 (Degree or title) Coroner
23b. ADDRESS 4 Nov 68 Shoshone Idaho
23c. DATE SIGNED 7-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 7-2-1967
24c. NAME OF CEMETERY OR CREMATORY Shoshone Cemetery
24d. LOCATION (City, town, or county) Shoshone, Idaho (State)

DATE REC'D BY LOCAL REG. 7-5-67
REGISTRAR'S SIGNATURE Francis M. Bergin
25. EMBALMER Francis M. Bergin
LICENSE NO. E-463

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Bergin Funeral Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED–CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

67-6919

RECEIVED JUN 13 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2666
Local Reg. No. 23
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 331 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
c. DEATH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 331
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg
d. STREET ADDRESS (If rural, give location): Rt.

3. NAME OF DECEASED (Type or Print)
a. (First): Julia
b. (Middle):
c. (Last): Leatham

4. DATE OF DEATH (Month) (Day) (Year): June 1, 1967

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: June 1, 1967
9. AGE (In years last birthday): If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Infant 02
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country): Rexburg, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Gilbert Wayne Leatham — BIRTHPLACE: Rexburg, Idaho
14. MOTHER'S MAIDEN NAME: Lorna Rigby — BIRTHPLACE: Rexburg, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S OWN SIGNATURE: Wayne Leatham — ADDRESS: Rt. 1 Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

7620

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Pulmonary atelectasis — INTERVAL BETWEEN ONSET AND DEATH: 15 hours

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cesarian Section (Maternal reasons)
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-1, 1967, *to* 6-1-, 1967, *that I last saw the deceased alive on* 6-1-, 1967, *and that death occurred at* 11:35 P *m., from the causes and on the date stated above.*

23a. SIGNATURE: Blaine A Passey 409 (Degree or title) MD 1
23b. ADDRESS: Rexburg, Idaho
23c. DATE SIGNED: 6-2-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/5/67
24c. NAME OF CEMETERY OR CREMATORY: Sugar City
24d. LOCATION (City, town, or county): Sugar City Madison (State): Idaho

DATE REC'D BY LOCAL REG.: 6-3-67
REGISTRAR'S SIGNATURE: Leona Flamm
25. EMBALMER: Kenneth Flamm
LICENSE NO.: E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

DEC 12 1980

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2667
Local Reg. No. 24
Reg. Dist. No. 630

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUN 13 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 331 Madison 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Grace
b. (Middle) Woodmansee
c. (Last) Beesley Keppner

4. DATE OF DEATH (Month) June (Day) 5, (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Dec. 29, 1888
9. AGE (In years last birthday) 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (State or foreign country) Ogden, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Charles Henry Woodmansee — BIRTHPLACE Ogden, Utah
14. MOTHER'S MAIDEN NAME Vilate Pincock — BIRTHPLACE Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-54-2136
17. INFORMANT'S OWN SIGNATURE Donna Ann Hall — ADDRESS Rexburg, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

5870

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute pancreatic necrosis — INTERVAL BETWEEN ONSET AND DEATH: 2 weeks

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*
Diabetes mellitus — 7 years
Arteriosclerosis — 10 years
Cholelithiasis — 10 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb. 20, 1951, *to* June 5, 1967, *that I last saw the deceased alive on* June 5, 1967, *and that death occurred at* 11:45A *m., from the causes and on the date stated above.*

23a. SIGNATURE A. A. Lowell, M.D. 537 (Degree or title)
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/8/67
24c. NAME OF CEMETERY OR CREMATORY Rexburg
24d. LOCATION (City, town, or county) Rexburg Madison (State) Idaho

DATE REC'D BY LOCAL REG. 6-7-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Kenneth Flamm
LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

FEB 2 7 1987

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

NOV 0 9 1994

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2668
Local Reg. No. 26
Reg. Dist. No. 630

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 33 Madison 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg, | LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330 b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Sugar City,
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DELAS	LENORA	JACOBS	June	14,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months	Days	IF UNDER 24 HRS.: Hours	Min.
Female	White	Married 3	Nov. 23, 1907	59				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Housewife 01	Home	Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Thomas Leo Jacobs	Smithfield, Utah	Bertha Mabel Clements	St Francis, Mo.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	519-62-1863	Elmer Timothy	Sugar City, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Gastro-Intestinal bleeding Terminal	3 days.
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	Myocardial disease	?
DUE TO (c)	Pulmonary edema	2 hours.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	Obesity	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-11, 1967, *to* 6-14, 1967, *that I last saw the deceased alive on* 6-14, 1967, *and that death occurred at* 2:30 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
D D Hansen, MD 233	Rexburg, Idaho	7-3-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/17/67	Rexburg	Rexburg Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-67	Leona F Flamm	Kenneth F Flamm	E347

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-69021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

MAR 12 1981

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2669
Local Reg. No. 26
Reg. Dist. No. 630

Certificate of Death

RECEIVED STATE OF IDAHO

BIRTH NO.

JUL 21 1967

Bureau of Vital Statistics

1. PLACE OF DEATH

a. COUNTY: 331 Madison 000

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rexburg

c. LENGTH OF STAY (In this place):

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Madison Memorial Hospital 123

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Idaho 330

b. COUNTY: Madison

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Newdale

d. STREET ADDRESS (If rural, give location): Sugar City Rt. 1

3. NAME OF DECEASED (Type or Print)

a. (First): GLEN

b. (Middle): Hendry

c. (Last): WOOD

4. DATE OF DEATH (Month) (Day) (Year): June 16, 1967

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3

8. DATE OF BIRTH: June 12, 1917

9. AGE (In years last birthday): 50 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Rexburg, Idaho

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Henry Hurst Wood — BIRTHPLACE:

14. MOTHER'S MAIDEN NAME: Elizabeth Hendry — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.:

17. INFORMANT'S OWN SIGNATURE: Wanda H Wood — ADDRESS: Rt. 1 Sugar City,

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Myocardial Infarction — INTERVAL BETWEEN ONSET AND DEATH: 18 hours

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b):

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6-15, 1967 *to* 6-16, 1967, *that I last saw the deceased alive on* 6-16, 1967 *and that death occurred at* 9:20 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D D Hoffman 233 M.D.

23b. ADDRESS: Rexburg, Idaho

23c. DATE SIGNED: 6-16-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: 6/20/67

24c. NAME OF CEMETERY OR CREMATORY: Sugar City

24d. LOCATION (City, town, or county) (State): Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.: 6-16-67

REGISTRAR'S SIGNATURE: Leona Flamm

25. EMBALMER: Kenneth Flamm

LICENSE NO.: E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUL 24 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 15 1983

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 1 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2670
Local Reg. No. 29
Reg. Dist. No. 630

RECEIVED JUL 21 1967 Director of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 330 Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Hibbard)
LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 330 Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural (Hibbard)
d. STREET ADDRESS (If rural, give location) Rt. 2 Rexburg, Idaho

3. NAME OF DECEASED (Type or Print) a. (First) b. (Middle) c. (Last) MARTHA ELIZABETH HUBER HANKS

4. DATE OF DEATH (Month) (Day) (Year) June 18 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 1, 1877
9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 07
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Payson, Utah
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME BIRTHPLACE Joh Jacob Huber Zurich, Switzerland
14. MOTHER'S MAIDEN NAME BIRTHPLACE Marie Elizabeth Abegg Switzerland

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. 430-1
17. INFORMANT'S OWN SIGNATURE Blanche Kendrick ADDRESS Rt. 2 Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH 10 yrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan, 1964, *to* 6-18, 1967, *that I last saw the deceased alive on* 6-12, 1967, *and that death occurred at* 4:20 a.m. *from the causes and on the date stated above.*

23a. SIGNATURE Lester J Petersen (Degree or title) MD 413
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 6-20-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6/20/67
24c. NAME OF CEMETERY OR CREMATORY Rose Hill
24d. LOCATION (City, town, or county) (State) Whittier, California

DATE REC'D BY LOCAL REG. 6-20-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Kenneth O Flamm
LICENSE NO. E347

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

SEP 1 0 1975

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

DEC 9 1981

SEP 12 1983

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUL 21 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2671
Local Reg. No. 27
Reg. Dist. No. 230

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 330 Madison 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Highway #33 at Newdale 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 220
b. COUNTY Fremont
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Newdale
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
DAWNA	JOYCE	ROBINSON	June	20,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never Married	April 2, 1959	8				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Child 03		Rexburg, Idaho	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Jay McCoy Robinson	Fairview, Wyoming	Helen Openshaw	Santaquin, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No		None	Jay M. Robinson	Newdale, Idaho

18. CAUSE OF DEATH 8124

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Skull fracture, head injury — INTERVAL BETWEEN ONSET AND DEATH minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) fracture left femur
DUE TO (c) fracture Right ankle

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
Accident	Highway 33 06	Newdale 23	Madison 330	Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒	21f. HOW DID INJURY OCCUR?
m.		Hit by car on highway

22. *I hereby certify that I attended the deceased from* 6-20, 1967, *to* 6-20, 1967, *that I last saw the deceased alive on* Dead on Arrival, *and that death occurred at* ____ m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Lester J. Peterson 413	MD	Rexburg Idaho	6-21-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/23/67	Teton-Newdale	Teton Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-23-67	Rena Flamm	James R. Flamm	E 477

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2672
Local Reg. No. 29
Reg. Dist. No. 630

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY Madison 330 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg, Rural
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD#2 (Plano) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 330
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg, Rural
d. STREET ADDRESS (If rural, give location) RFD#2, (Plano)

3. NAME OF DECEASED (Type or Print) R
a. (First) ROBERT
b. (Middle) KING
c. (Last) HILLMAN

4. DATE OF DEATH (Month) (Day) (Year) June 20, 1967

5. SEX Male
6. COLOR OR RACE Caucasian
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Oct., 6, 1892
9. AGE (In years last birthday) 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and Sheepman 04
10b. KIND OF BUSINESS OR INDUSTRY Retired
11. BIRTHPLACE (State or foreign country) Rexburg, RFD#2 (Plano) Idaho
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Mayhew Hillman — BIRTHPLACE
14. MOTHER'S MAIDEN NAME Elizabeth Atkinson — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519-42-8042
17. INFORMANT'S OWN SIGNATURE Robert K. Hillman — ADDRESS St. Anthony Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial ischemia — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Coronary insufficiency — 2 weeks
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* Myocardial infarction — 2 years

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* October, 1965, *to* June 20, 1967, *that I last saw the deceased alive on* June 19, 1967, *and that death occurred at* 9 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE A. A. Furnal, M.D. 537 (Degree or title)
23b. ADDRESS Rexburg, Idaho
23c. DATE SIGNED 6-23-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 24 June 67
24c. NAME OF CEMETERY OR CREMATORY Fielding Memorial Park
24d. LOCATION (City, town, or county) (State) Idaho Falls, Bonneville, Idaho

DATE REC'D BY LOCAL REG. 6-24-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER M. L. Hansen
LICENSE NO. E-354

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Hansen Memorial Chapel

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 216.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2673
Local Reg. No. 30
Reg. Dist. No. 630

RECEIVED JUL 21 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY: Madison 330 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 330
b. COUNTY: Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sugar City
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
James	Fredrerick	Pincock	June	21,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Male	White	Married 3	Aug. 29, 1884	83		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04		Ogden, Utah	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
James Henry Pincock	Ogden, Utah	Annie Elizabeth Garner	Ogden, Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518-10-0084	Fanny J. Pincock	Sugar City, Idaho

18. CAUSE OF DEATH — Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Diabetes Mellitus
DUE TO (c) Generalized Arteriosclerosis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* Oct 1953, *to* June 21, 1967, *that I last saw the deceased alive on* June 21, 1967, *and that death occurred at* 6:20 P. M., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
M. F. Rigby	M.D.	Rexburg Idaho	June 22 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/24/67	Sugar Cemetery	Sugar City Madison Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-24-67	Lena Flamm	Kenneth Flamm	E347

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME: Flamm Funeral Home

APR 2 0 1970

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2674
Local Reg. No. 31
Reg. Dist. No. 630

Certificate of Death

RECEIVED
JUL 21 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 331 Madison 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 331
b. COUNTY Madison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
d. STREET ADDRESS (If rural, give location) College Ave.

3. NAME OF DECEASED (Type or Print)
a. (First) Gerard
b. (Middle) Thomas
c. (Last) Garvin

4. DATE OF DEATH (Month) June (Day) 24, (Year) 1967

5. SEX Male
6. COLOR OR RACE Cauc.
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Sept. 21, 1905
9. AGE (In years last birthday) 61 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Owner. Businessman
10b. KIND OF BUSINESS OR INDUSTRY 22
11. BIRTHPLACE (State or foreign country) Seattle, Washington
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Martin Hugh Garvin — BIRTHPLACE Tomah, Wisconsin
14. MOTHER'S MAIDEN NAME Ellen O'Reilly — BIRTHPLACE Blue River, Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-10-7098
17. INFORMANT'S OWN SIGNATURE Sylvia Garvin — ADDRESS Rexburg, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occulsion — INTERVAL BETWEEN ONSET AND DEATH: Instant

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Myocardial Disease — 2 years
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1, 1950 *to* 6-24, 1967, *that I last saw the deceased alive on* 6-24, 1967 *and that death occurred at* 9:30 *from the causes and on the date stated above.*

23a. SIGNATURE D. H. Jensen 233 (Degree or title) MD
23b. ADDRESS Rexburg Idaho
23c. DATE SIGNED 6-26-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 6/27/67
24c. NAME OF CEMETERY OR CREMATORY Rexburg Cemetery
24d. LOCATION (City, town, or county) (State) Rexburg, Madison, Idaho

DATE REC'D BY LOCAL REG. 6-27-67
REGISTRAR'S SIGNATURE Leona Flamm
25. EMBALMER Russel Flamm
LICENSE NO. E-254

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Flamm Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 26 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

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(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2675
Local Reg. No. 22
Reg. Dist. No. 230

BIRTH NO.

RECEIVED JUL 21 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 331 Madison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rexburg
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY Madison 321
c. CITY OR TOWN Rexburg
d. STREET ADDRESS (If rural, give location) 429 S. 3 West

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Evert	Albert	Hiner		June	30,	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	Cauc.	Married 3	March 25, 1888	79				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer 06		Salina, Kansas	

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
William Harmon Hiner	DeMoines, Iowa	Mary Sisemore	Pleasant Gap, Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
Yes	World War I 3	519-34-0033	Jessie Hiner	Rexburg, Idaho

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial failure — INTERVAL BETWEEN ONSET AND DEATH: 1 hrs

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Coronary arteriosclerosis — 10 yrs
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6-1, 1962, to 6-30, 1962, *that I last saw the deceased alive on* 6-28, 1967, *and that death occurred at* 14 m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Peter J. Fellerson MD	Rexburg Ida	6-30-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	7/3/67	Sugar City Cemetery	Sugar City, Madison, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-3-67	Leona Flamm	Russell Flamm	E-254

FIRM NAME: Flamm Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUL 24 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 12 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2676
Local Reg. No. 43
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 129
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
c. LENGTH OF STAY (in this place) 29 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 223 West Wayne OR

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Paul
d. STREET ADDRESS (If rural, give location) 223 West Wayne

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
Irene	Piland	Hamilton	June 2, 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR: Months / Days	IF UNDER 24 HRS.: Hours / Min.
Female	White	Married 3	March 9, 1904	63		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Cook	School Lunch	Noble, Missouri	U.S.A.

13. FATHER'S NAME — BIRTHPLACE	14. MOTHER'S MAIDEN NAME — BIRTHPLACE
Samuel Alexander Piland - Noble, Mo	Martha Ann Pilant

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	— — —	518-42-0838	Charles S. Hamilton	Paul, Id.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 4-5 Hours

ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerosis — 35 yr
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 5-2-49, 19___, *to* 6-2-67, 19___, *that I last saw the deceased alive on* 10-28-65, 19___, *and that death occurred at* 7:30A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
[signature] 526	MD	Burley, Idaho 83318	6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	6/6/1967	Paul Cemetery	Paul, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-8-67	Mary Ellen Carlson	[signature]	E 389

FIRM NAME: Payne Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 14 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2677
Local Reg. No. 50
Reg. Dist. No. 450

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 824 1st street

3. NAME OF DECEASED (Type or Print)
a. (First) Moises
b. (Middle) Garcia 125
c. (Last) jr

4. DATE OF DEATH (Month) (Day) (Year) June 2 1967

5. SEX Male

6. COLOR OR RACE Mexican

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married

8. DATE OF BIRTH July 19 1963

9. AGE (In years last birthday) 3
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child 02

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Rupert Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Moises Garcia
BIRTHPLACE Mexico

14. MOTHER'S MAIDEN NAME Maria Quilantan
BIRTHPLACE Mexico

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No
(If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S OWN SIGNATURE Moises Garcia
ADDRESS Rupert Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) 7544 sub endo cardial fibro- — INTERVAL BETWEEN ONSET AND DEATH: years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) elastosis, moderate

DUE TO (c) Laryngeal aspiration of bloody mucus, minutes

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* History of recent tonsillectomy — hours

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* birth, 19__, *to* June 2, 19 67, *that I last saw the deceased alive on* June 2, 19 67, *and that death occurred at* 745 a m., *from the causes and on the date stated above.*

23a. SIGNATURE Geo K. Humphrey 253 (Degree or title) MD

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 6-7-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 6 1967

24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery

24d. LOCATION (City, town, or county) Rupert Idaho (State)

DATE REC'D BY LOCAL REG. 6-9-67

REGISTRAR'S SIGNATURE Mary Ellen Carlson

25. EMBALMER Robert C Walk

LICENSE NO. E 294

FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2678
Local Reg. No. 12
Reg. Dist. No. 450

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
LENGTH OF STAY (In this place) None
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 200 N. Meridian Road

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 322 East 11th

3. NAME OF DECEASED (Type or Print): a. (First) Mary b. (Middle) Elizabeth c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year): June 3, 1967

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed 2
8. DATE OF BIRTH: Sept. 5, 1925
9. AGE (In years last birthday): 41 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Oakley, Idaho
12. CITIZEN OF WHAT COUNTRY?: U.S.A.
13. FATHER'S NAME — BIRTHPLACE: George Henry Day - Oakley, Idaho
14. MOTHER'S MAIDEN NAME — BIRTHPLACE: Pearl Heiner - Morgan, Utah
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: 518-26-5081
17. INFORMANT'S OWN SIGNATURE: Donald Day — ADDRESS: Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull, compression of chest, massive internal hemorrhage,

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) compound fracture of ~~right~~ left leg

DUE TO (c) Automobile accident

INTERVAL BETWEEN ONSET AND DEATH: INSTANT

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT / SUICIDE / HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 200 north-Meridian Road
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 340 (STATE): Rupert, Minidoka County, Idaho
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): June 3 1967 9:30 P.M.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: two automobiles collided

22. *I hereby certify that I attended the deceased from* ____, 19__, *to* ____, 19__, *that I last saw the deceased alive on* ____, 19__, *and that death occurred at* ____ m., *from the causes and on the date stated above.* DID NOT SEE ALIVE

23a. SIGNATURE: Robert Walk
(Degree or title): Coroner
23b. ADDRESS: 710 6th street Rupert Ida
23c. DATE SIGNED: June 8-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: June 7, 67
24c. NAME OF CEMETERY OR CREMATORY: Pleasant View
24d. LOCATION (City, town, or county) (State): Burley, Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Mary Ellen Larson
25. EMBALMER: Charles L. Parsons
LICENSE NO.: E-494
FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 21 1967

AUG 15 1967

FEB 8 1968

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED JUN 13 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2679
Local Reg. No. 21
Reg. Dist. No. 420

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 320 Minidoka 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 160 b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural-- Albion Idaho

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital
d. STREET ADDRESS (If rural, give location) general delivery

3. NAME OF DECEASED (Type or Print) a. (First) Edna b. (Middle) Mc c. (Last) Williams

4. DATE OF DEATH (Month) (Day) (Year) June 3 1967

5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2 | 8. DATE OF BIRTH Jan 31 1882 | 9. AGE (In years last birthday) 85 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Housewife 01
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Martinsburg Nebraska
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Isiah Lounsbury BIRTHPLACE unknown
14. MOTHER'S MAIDEN NAME Mary Pomeroy BIRTHPLACE unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. 518-62-2532
17. INFORMANT'S OWN SIGNATURE Clifford McWilliams ADDRESS

MEDICAL CERTIFICATION

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4222

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH 3 years

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June, 1967, *to* June 3, 1967, *that I last saw the deceased alive on* June 3, 1967, *and that death occurred at* 10:05 a m., *from the causes and on the date stated above.*

23a. SIGNATURE C W Modlin 365 (Degree or title) MD
23b. ADDRESS Rupert Idaho
23c. DATE SIGNED 6-5-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 7 1967
24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery
24d. LOCATION (City, town, or county) (State) Albion Idaho

DATE REC'D BY LOCAL REG. 6-9-67
REGISTRAR'S SIGNATURE Mary Ellen Barlow
25. EMBALMER Robert C Walk E 294 LICENSE NO.
FIRM NAME: WALK MORTUARY

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 16 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2680
Local Reg. No. 13
Reg. Dist. No. 450

BIRTH NO.

RECEIVED
JUN 13 1967
Bureau of Vital Statistics

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 2 months
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY Cassia
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Burley
d. STREET ADDRESS (If rural, give location) 322 East 11th Street

3. NAME OF DECEASED (Type or Print)
a. (First) Fred
b. (Middle) Curtis
c. (Last) Robinson

4. DATE OF DEATH (Month) (Day) (Year) June 4, 1967

5. SEX male

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Nov. 27, 1958

9. AGE (In years last birthday) 8
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Student 03

10b. KIND OF BUSINESS OR INDUSTRY ******

11. BIRTHPLACE (State or foreign country) Boise, Idaho

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Heber Curtis Robinson — BIRTHPLACE Burley, Ida.

14. MOTHER'S MAIDEN NAME Mary Elizabeth Day — BIRTHPLACE Oakley, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no
(If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. none

17. INFORMANT'S OWN SIGNATURE Donald Day — ADDRESS Burley, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Internal hemorrhage.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) automobile accident
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* June 4, 1967, *that I last saw the deceased alive on* June 4, 1967, *and that death occurred at* 1200 A *m., from the causes and on the date stated above.*

23a. SIGNATURE Ben C. Humphrey 253 (Degree or title) MD

23b. ADDRESS Rupert Idaho

23c. DATE SIGNED 6-8-67

24a. BURIAL, CREMATION, REMOVAL (Specify) removal 3

24b. DATE June 7, 67

24c. NAME OF CEMETERY OR CREMATORY Pleasant View

24d. LOCATION (City, town, or county) (State) Burley, Idaho

DATE REC'D BY LOCAL REG. 6-12-67

REGISTRAR'S SIGNATURE Mary Ellen Larson

25. EMBALMER Charles H Parsons — **LICENSE NO.** E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

DUTIES:

JUN 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

FEB 8 1968

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

RECEIVED STATE OF IDAHO

JUN 30 1967

Bureau of Vital Statistics

State File No. 2681
Local Reg. No. 57
Reg. Dist. No. 450

BIRTH NO.

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 307
b. CITY OR TOWN Rupert
c. LENGTH OF STAY IN (this place) 1 week
d. FULL NAME OF HOSPITAL OR INSTITUTION Minidoka Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) 125 south Meridian

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year)
	Carl	Lewis	Stark	June 8 1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	May 16 1889	78				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Retired Farmer 04		Salem South Dakota	U.S.A.

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John F Stark	Germany	Margaret Fischer	Wisconson

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	519-28-0494	Maria Stark	

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

4221

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Ventricular fibrillation	minutes
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	ASCVD.	years
DUE TO (c)	age + ?	
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. *I hereby certify that I attended the deceased from* June, 1961, *to* June 8, 1967, *that I last saw the deceased alive on* June 8, 1967, *and that death occurred at* 3:30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Jean K. Humphrey 253	MD	Rupert Idaho	6-14-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 12 1967	Rupert Cemetery	Rupert Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-29-67	Mary Glen Larson	Charles H. Persons	E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service

Form DH-63021

JUN 30 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JAN 28 1981

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2682
Local Reg. No. 25
Reg. Dist. No. 450

RECEIVED JUN 28 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 000
b. CITY OR TOWN Rupert
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 6th and E Street 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340 b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 1 075 south 100 west

3. NAME OF DECEASED (Type or Print) a. (First) Gottlieb b. (Middle) c. (Last) Martsch

4. DATE OF DEATH (Month) June (Day) 12 (Year) 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2

8. DATE OF BIRTH 10-28-1886

9. AGE (In years last birthday) 80 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer 04

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Russia

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME John Martsch — BIRTHPLACE unknown

14. MOTHER'S MAIDEN NAME Elizabeth Vigaleen — BIRTHPLACE Russia

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) none

16. SOCIAL SECURITY NO. 518-36-7045

17. INFORMANT'S OWN SIGNATURE August Martsch — ADDRESS

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH few minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* June 12, 19 67, *to* June 12, 19 67, *that I last saw the deceased alive on* Dead on arrive, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.*

23a. SIGNATURE Q F Dalley (Degree or title) MD

23b. ADDRESS 702 G St Rupert Ida

23c. DATE SIGNED 6/21/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 6-17-67

24c. NAME OF CEMETERY OR CREMATORY Paul Cemetery

24d. LOCATION (City, town, or county) Paul (State) Idaho

DATE REC'D BY LOCAL REG. 6-23-67

REGISTRAR'S SIGNATURE Mary Ellen Harbon

25. EMBALMER Charles L. Parsons — LICENSE NO. E-494

FIRM NAME: Walk Mortuary

Federal Security Agency
United States Public Health Service
Form DH-63021

JUL 2 1971

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2683
Local Reg. No. 54
Reg. Dist. No. 450

Certificate of Death

STATE OF IDAHO

RECEIVED JUN 19 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Hiway 24 and 660 East 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Minidoka
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Wilbur
b. (Middle) Sherman
c. (Last) Butler

4. DATE OF DEATH (Month) (Day) (Year) June 14 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Dec 1 1923
9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Kimberly Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Ralph Butler — BIRTHPLACE Weaubleau Missouri
14. MOTHER'S MAIDEN NAME Ola Gummerson — BIRTHPLACE Shell City Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) W.W.II-NAVY 4
16. SOCIAL SECURITY NO. 518-26-4364
17. INFORMANT'S OWN SIGNATURE Shirley U. Butler — ADDRESS Minidoka

8234

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fractured skull-crushed chest-extreme internal injuries-badly mangled right leg.

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) mangled right leg.

DUE TO (c) auotmobile accident.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH: instant

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 600 east-hiway 24 06
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 340 (STATE) Rupert Minidoka County Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 14 1967 10pm
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? car tipped over in barrow pit

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk 1583 (Degree or title) CORONER 4
23b. ADDRESS 710 6th street Rupert Ida
23c. DATE SIGNED June 16 19

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 6-17-67
24c. NAME OF CEMETERY OR CREMATORY Sunset Memorial Park
24d. LOCATION (City, town, or county) (State) Twin Falls Idaho

DATE REC'D BY LOCAL REG. 6-16-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Robert C Walk
LICENSE NO. E 294

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: WALK MORTUARY

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

JUN 21 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 27 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

JUN 29 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

JUL 5 1967

JUL 18 1967

PENALTIES: Under the Idaho law, it is a misdemeanor to

JAN 20 1971

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

RECEIVED JUN 28 1967 Bureau of Vital Statistics

STATE OF IDAHO

State File No. 2684
Local Reg. No. 56
Reg. Dist. No. 450

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 340 Minidoka 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 100 West 075 north 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 340
b. COUNTY Minidoka
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rupert
d. STREET ADDRESS (If rural, give location) Route 2

3. NAME OF DECEASED (Type or Print)
a. (First) David
b. (Middle) Rex
c. (Last) Broadhead

4. DATE OF DEATH (Month) (Day) (Year) June 18 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH Feb 18 1967
9. AGE (In years last birthday) 40 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 04
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Rupert Idaho
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Earl Broadhead — BIRTHPLACE Nephi Utah
14. MOTHER'S MAIDEN NAME Ada Carter — BIRTHPLACE Utah

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES — (If yes, give war or dates of service) Navy W.W.II 4
16. SOCIAL SECURITY NO. 518 28 5033
17. INFORMANT'S OWN SIGNATURE X Cora May Broadhead — ADDRESS Rupert Ida

9731

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphixiation-Carbon Monoxide poisoning, self inflicted. — INTERVAL BETWEEN ONSET AND DEATH Hours

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) Despondency.

DUE TO (c) Placed garden hose from exhaust pipe of pick up truck to cab of truck.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO XXX

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Suicide 2
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm building 02
21c. (CITY, TOWN, OR TOWNSHIP) 13 **(COUNTY)** 340 **(STATE)** Rupert-Minidoka County-Idaho

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) June 18 67 11A M 1
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK XX 2
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* DID NOT SEE ALIVE, *19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Robert C Walk 583 (Degree or title) Coroner 4
23b. ADDRESS 710 6th street Rupert Ida
23c. DATE SIGNED 6-22-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 1
24b. DATE 6-21-67
24c. NAME OF CEMETERY OR CREMATORY Rupert Cemetery
24d. LOCATION (City, town, or county) (State) Rupert Idaho

DATE REC'D BY LOCAL REG. 6-23-67
REGISTRAR'S SIGNATURE Mary Ellen Carlson
25. EMBALMER Charles H Persons
LICENSE NO. E-494

Federal Security Agency
United States Public Health Service
Form DN-63021

FIRM NAME: WALK MORTUARY

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUL 11 1967

JUL 13 1967

AUG 16 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2685
Local Reg. No. 144
Reg. Dist. No. 220

Certificate of Death

STATE OF IDAHO

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 350 NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rural
c. LENGTH OF STAY (in this place) 000
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Snake River 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 180 Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location) Rt. 1

3. NAME OF DECEASED (Type or Print)
a. (First) Kenneth
b. (Middle) Roy
c. (Last) Allex

4. DATE OF DEATH (Month) (Day) (Year) May 24 1967

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 3
8. DATE OF BIRTH: July 2, 1930
9. AGE (In years last birthday): 36 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Civil Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.S. Forest Service
11. BIRTHPLACE (State or foreign country): North Dakota
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Henry Allex — BIRTHPLACE: Minn.
14. MOTHER'S MAIDEN NAME: Selma Wormdahl — BIRTHPLACE: unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes — (If yes, give war or dates of service) 1950-1954
16. SOCIAL SECURITY NO. 501-28-0735
17. INFORMANT'S OWN SIGNATURE: Mary Alice Allex — ADDRESS: Orofino

850X

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suffocation — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Drowning
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): accident 1
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): 18
21c. (CITY, TOWN, OR TOWNSHIP) 13 (COUNTY) 350 (STATE): 30 Miles South of Lewiston, NezPerce, Idaho.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 24, 1967 ? m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐ XXX
21f. HOW DID INJURY OCCUR? boat overturned in river while fishing

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* _____, 19___, *that I last saw the deceased alive on* XXXX, 19___, *and that death occurred at* XXX *m., from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos — 583 (Degree or title) Coroner 4
23b. ADDRESS: Lewiston, Idaho.
23c. DATE SIGNED: 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY: Woodhawn
24d. LOCATION (City, town, or county) (State): St. Maries Idaho

DATE REC'D BY LOCAL REG.: 6-12-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: Gerald Browning — LICENSE NO. E-411

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Browning Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

JUN 30 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

AUG 11 1967

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated; and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendent. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

Certificate of Death

STATE OF IDAHO

State File No. 2686
Local Reg. No. 139
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUN 16 1967

1. PLACE OF DEATH
a. COUNTY 35 NezPerce 302
b. CITY OR TOWN Lewiston Bureau of Vital Statistics
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 180 b. COUNTY Clearwater
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Orofino
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	Corina	Kathryn	Schmidt		June	2	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Female	White	Never married	May 29, 1967			5		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
none 02	none	Orofino, Idaho.	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Al. J. Schmidt	Cottonwood, Idaho.	Barbara Willenborg,	Cottonwood, Idaho.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no	none	X Al J. Schmidt	Pierce Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atelectasis of lung — INTERVAL BETWEEN ONSET AND DEATH: 48 hour

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prematurity (Birth weight 4 lbs) — 4 days
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED	21f. HOW DID INJURY OCCUR?
m.	WHILE AT WORK ☐ NOT WHILE AT WORK ☐	

22. I hereby certify that I attended the deceased from May 31, 1967, to June 2, 1967, that I last saw the deceased alive on June 2, 1967, and that death occurred at 6:30 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Robert L. Olson MD 397	324 Fifth St, Lewiston Idaho	June 6, 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	June 5, 1967	Lewis-Clark Memorial Gardens	Lewiston, Idaho.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-5-67	Lynette Knott	Andrew G. Vassar	E 315

Federal Security Agency
United States Public Health Service
Form DH-63021

FIRM NAME: Vassar-Rawls Funeral Home

DUTIES: D-67-4563

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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State File No. 2687
Local Reg. No. 142
Reg. Dist. No. 220

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUN 16 1967
Bureau of Vital Sta

1. PLACE OF DEATH
a. COUNTY Nez Perce 351 302
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 2 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Saint Joseph Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE 48 Washington
b. COUNTY 555 Asotin
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Asotin
d. STREET ADDRESS (If rural, give location) 302 - 2nd Street

3. NAME OF DECEASED (Type or Print)
a. (First) MANCIL
b. (Middle) D.
c. (Last) HOSTETLER

4. DATE OF DEATH (Month) (Day) (Year) June 2, 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 3
8. DATE OF BIRTH 1/30/1890
9. AGE (In years last birthday) 77 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rancher 04
10b. KIND OF BUSINESS OR INDUSTRY Wheat & Cattle
11. BIRTHPLACE (State or foreign country) Asotin, Washington
12. CITIZEN OF WHAT COUNTRY? U S A

13. FATHER'S NAME Norman Hostetler — BIRTHPLACE Penn.
14. MOTHER'S MAIDEN NAME Hanna Murphy — BIRTHPLACE Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S OWN SIGNATURE Bruce Hostetler — ADDRESS Asotin, Wash

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

585X

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Hemorrhagic cholecystitis	3 days.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pancreatitis	1 day
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Marked atherosclerosis	10+ yrs.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March, 1966, *to* 2 June, 1967, *that I last saw the deceased alive on* 2 June, 1967, *and that death occurred at* 10 30 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE B R Stein 496 MD (Degree or title)
23b. ADDRESS Lewiston Idaho
23c. DATE SIGNED 7 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal-Burial
24b. DATE 5 June 1967
24c. NAME OF CEMETERY OR CREMATORY Vineland Cemetery
24d. LOCATION (City, town, or county) (State) Clarkston, Washington

DATE REC'D BY LOCAL REG. 6-8-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER W C Merchant
LICENSE NO. FD5

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: MERCHANT FUNERAL HOME

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

APR 1 1968

MAR 27 1969

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

RECEIVED JUN 16 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2688
Local Reg. No. 136
Reg. Dist. No. 220

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 NezPerce 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 607- SnakeRiver Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 16
b. COUNTY 351 NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 607- Snake River Ave

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) L c. (Last) HANNEY

4. DATE OF DEATH (Month) (Day) (Year) June 2 1967

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married

8. DATE OF BIRTH Jan. 28, 1898

9. AGE (In years last birthday) 69 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter 21

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) Junction City, Kansas

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME S. L. Hanney — BIRTHPLACE Ill.

14. MOTHER'S MAIDEN NAME Christine Gfeller — BIRTHPLACE Kansas

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes — (If yes, give war or dates of service) W.W.11 & W.W.1

16. SOCIAL SECURITY NO. 512-16-9273

17. INFORMANT'S OWN SIGNATURE V.A.Office Lewiston, Idaho. — ADDRESS

18. CAUSE OF DEATH 4201
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* XXXXX *19__ to __, 19__, that I last saw the deceased alive on* XXX *, 19__, and that death occurred at* 11:10 PM *from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Duclos 583 (Degree or title) Coroner

23b. ADDRESS Lewiston, Idaho

23c. DATE SIGNED 6/2/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3

24b. DATE June 4, 1967

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) Junction City, Kansas (State)

DATE REC'D BY LOCAL REG. 6-3-67

REGISTRAR'S SIGNATURE Lynette Knott

25. EMBALMER Andrew A. Vassar — LICENSE NO. E 315

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2689
Local Reg. No. 143
Reg. Dist. No. 220

RECEIVED

Certificate of Death

STATE OF IDAHO

BIRTH NO.

JUN 16 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 203
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 3 mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Orchards Nursing Home 174

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 137 Thain Rd.

3. NAME OF DECEASED (Type or Print)
a. (First) CLARA
b. (Middle) MATILDA
c. (Last) WRIGHT

4. DATE OF DEATH (Month) June (Day) 6 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 1 May 1881
9. AGE (In years last birthday) 86 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY 01 Own Home
11. BIRTHPLACE (State or foreign country) Tabor, Iowa
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME William N. Hardy — BIRTHPLACE no record
14. MOTHER'S MAIDEN NAME Anna Bell Hiatt — BIRTHPLACE Missouri

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 519 38 8926 A
17. INFORMANT'S OWN SIGNATURE Irene H Bonner — ADDRESS Orofino, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

443X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anemia - Dehydration — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*

DUE TO (b) C.V.A. — 1 month

DUE TO (c) Hypertensive and Hypertensive Ht disease — 8 yrs

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION No Singing
20. AUTOPSY? YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 1952, 19__, *to* June 6th, 1967, *that I last saw the deceased alive on* June 5th, 1967, *and that death occurred at* 4:00 PM, *from the causes and on the date stated above.*

23a. SIGNATURE Joseph E Boedel M.D. 022 (Degree or title)
23b. ADDRESS 1522 17th St. Lewiston Idaho
23c. DATE SIGNED 6/9/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 10 June 1967
24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memo. Gard.
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 6-12-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER L. E. DeBaun — Malcom's Brower-Wann Memorial Chapel
LICENSE NO. E-295

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED.. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2690
Local Reg. No. 141
Reg. Dist. No. 220

RECEIVED JUN 16 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35/ Nez Perce 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35/
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 660 Thain Road

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHARLES	ELMER	PIERSTORFF	June	6	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	4 October 1906	60				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Mechanic 21	Reeds Hardware	West Lake, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
John E. Pierstroff	Nebr.	Charolett Vennigerholz	Wash.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	518 01 1642	Evelyn J. Pierstorff	Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a)	Myocardial Infarction	1 hr.
ANTECEDENT CAUSES *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)		
DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.*	Hypertension.	2+ yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☑

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* January, 1967, *to* June, 1967, *that I last saw the deceased alive on* 12 May, 1967, *and that death occurred at* 7:50 A m., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R R Stern	496 MD 1	Lewiston, Ida.	7 June 67.

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	9 June 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-9-67	Lynette Knott	L. E. DeBaun	E-295

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 20 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

AUG 23 1967

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2691
Local Reg. No. 149
Reg. Dist. No. 220

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
DURATION OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 35 NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 133 North Garden Ct.

3. NAME OF DECEASED (Type or Print) a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
CHRISTIAN	ALBERT	WEBER	June	8	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Married 3	1 Sept 1910	56				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
logger 17	lumber	Kendrick, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Charles Weber	Germany	Elsie Comstock	Wisconsin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
WW 2	4	519 05 5358	Eva Weber	Lewiston, Idaho

18. CAUSE OF DEATH 4201

Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Had Not Been Ingine

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY Ooccur?
m.		

22. *I hereby certify that I attended the deceased from* June 5th, 19__, *to* June 8th, 19__, *that I last saw the deceased alive on* June 8th, 19 67, *and that death occurred at* 6:03 AM *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title)	23b. ADDRESS	23c. DATE SIGNED
Joseph L Broderick MD	Lewiston, Idaho	10 June 1967

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	12 June 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-20-67	Lynette Knott	L E DeBaun Malcom's Brower-Wann Memorial Chapel	E-295

Federal Security Agency
United States Public Health Service
Form DH-69021

FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 27 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under Items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2692
Local Reg. No. 145
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUN 27 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 351 Nez Perce 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 317-12th St 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 317-12th St

3. NAME OF DECEASED (Type or Print)
a. (First) John
b. (Middle) Al
c. (Last) Starkey

4. DATE OF DEATH (Month) June (Day) 9 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH Oct 6, 1881
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) woods worker 17
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Franklin Co, Virgina
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME no record — BIRTHPLACE
14. MOTHER'S MAIDEN NAME no record — BIRTHPLACE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ? (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-01-2048
17. INFORMANT'S OWN SIGNATURE Papers found on him — ADDRESS A. F. Vassar.

4201

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH unk

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Wilfred J. Ductos 583 (Degree or title) coroner 4
23b. ADDRESS Lewiston, Idaho
23c. DATE SIGNED 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 7
24b. DATE June 13, 1967
24c. NAME OF CEMETERY OR CREMATORY Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State) Lewiston, Idaho.

DATE REC'D BY LOCAL REG. 6-13-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER Andrew F. Vassar
LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2693
Local Reg. No. 148
Reg. Dist. No. 220

Certificate of Death

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 NezPerce 303
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 3 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph's 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 350
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Spalding
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print)
a. (First) Conley
b. (Middle) Martin
c. (Last) Seth

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1967

5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH April 1886
9. AGE (In years last birthday) 81 — IF UNDER 1 YEAR Months / Days — IF UNDER 24 HRS. Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired 29
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) Spalding, Idaho.
12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME Eyon-Kar-Sinhy-Hih Seth — BIRTHPLACE norecord
14. MOTHER'S MAIDEN NAME Ismahmehpoo — BIRTHPLACE No record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 518-14-5855
17. INFORMANT'S OWN SIGNATURE X Celestine S. White — ADDRESS Lapwai, Idaho.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4501

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gangrene of foot — INTERVAL BETWEEN ONSET AND DEATH 2 wks

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized atherosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 6 June, 1967, *to* 10 June, 1967, *that I last saw the deceased alive on* 10 June, 1967, *and that death occurred at* 6 P *m., from the causes and on the date stated above.*

23a. SIGNATURE David W. Henson Jr. 227 (Degree or title) MD
23b. ADDRESS 307 St John's Way
23c. DATE SIGNED 13 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY Family Cemetery (Seth)
24d. LOCATION (City, town, or county) (State) Spalding, Idaho.

DATE REC'D BY LOCAL REG. 6-15-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER Andrew F. Vassar
LICENSE NO. E 315

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

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Certificate of Death

STATE OF IDAHO

State File No. 2694
Local Reg. No. 146
Reg. Dist. No. 220

RECEIVED JUN 27 1967 Bureau of Vital Statistics

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
LENGTH OF STAY (in this place) 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St. Joseph's Hospital 302 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY Nez Perce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 917-3rd St.

3. NAME OF DECEASED (Type or Print) a. (First) Margaret b. (Middle) c. (Last) Harding

4. DATE OF DEATH (Month) (Day) (Year) June 10, [illegible] 1967

5. SEX female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced 4

8. DATE OF BIRTH Aug. 28, 187[illegible]

9. AGE (In years last birthday) 89 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 01

10b. KIND OF BUSINESS OR INDUSTRY at home

11. BIRTHPLACE (State or foreign country) Sommerville, California

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME William Williams BIRTHPLACE no record

14. MOTHER'S MAIDEN NAME Abidar Wales BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. no record

17. INFORMANT'S OWN SIGNATURE Mary Ann Davis ADDRESS Lewiston, Idaho

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro-intestinal Bleeding — INTERVAL BETWEEN ONSET AND DEATH: 4 da

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Uremia — 1 wk
DUE TO (c) Arteriosclerosis, Gen'l — 4 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Arthritis, multiple — 15 yrs

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-15, 1950, *to* 6-10, 1967, *that I last saw the deceased alive on* 6-9, 1967, *and that death occurred at* 3 a m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] Newton 38 (Degree or title) MD

23b. ADDRESS Lewiston Ida

23c. DATE SIGNED 6-12-67

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE June 13, 1967

24c. NAME OF CEMETERY OR CREMATORY Lewis-Clark Memorial Gardens

24d. LOCATION (City, town, or county) (State) Lewiston, Idaho

DATE REC'D BY LOCAL REG. 6-13-67

REGISTRAR'S SIGNATURE Lynette Knott

25. EMBALMER V. Vassar LICENSE NO. E297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service
Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2695
Local Reg. No. 147
Reg. Dist. No. 220

Certificate of Death

RECEIVED
STATE OF IDAHO

BIRTH NO.

JUN 27 1967

1. PLACE OF DEATH
a. COUNTY: 351 NezPerce 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
c. LENGTH OF STAY (In this place): Bureau of Vital Statistics
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1901-7th Ave 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho 351
b. COUNTY: NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1901-7th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Matt
b. (Middle):
c. (Last): FARBERG

4. DATE OF DEATH (Month) (Day) (Year): June 11, 1967

5. SEX: male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 1
8. DATE OF BIRTH: May 3 1894
9. AGE (In years last birthday): 73 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): labor 06
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Norway
12. CITIZEN OF WHAT COUNTRY?:

13. FATHER'S NAME: no record — BIRTHPLACE:
14. MOTHER'S MAIDEN NAME: no record — BIRTHPLACE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 518-24-3017
17. INFORMANT'S OWN SIGNATURE: Records Found on Person — ADDRESS: A.F. Vassar

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

4201

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: moments

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): heart condition
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from ——, 19__, to ——, 19__, that I last saw the deceased alive on ——, 19__, and that death occurred at 4:15 PM, from the causes and on the date stated above.*

23a. SIGNATURE: Wilfred J. Duclos — 583 (Degree or title): Coroner 4
23b. ADDRESS: Lewiston, Idaho
23c. DATE SIGNED: 6/12/67

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: June 14, 1967
24c. NAME OF CEMETERY OR CREMATORY: Normal Hill Cemetery
24d. LOCATION (City, town, or county) (State): Lewiston, Idaho.

DATE REC'D BY LOCAL REG.: 6-11-67
REGISTRAR'S SIGNATURE: Lynette Knott
25. EMBALMER: V. Vassar
LICENSE NO.: E 297

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME: Vassar-Rawls Funeral Home

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

State File No. 2696
Local Reg. No. 150
Reg. Dist. No. 220

RECEIVED
JUN 27 1967
Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

BIRTH NO.

1. PLACE OF DEATH
a. COUNTY 351 NezPerce 201
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 17 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 342 Lewiston Manor Nursing Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 290
b. COUNTY Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location) P O Box - 113

3. NAME OF DECEASED (Type or Print)
a. (First) FLORENCE
b. (Middle) ADELINE
c. (Last) MILLER

4. DATE OF DEATH (Month) June (Day) 14 (Year) 1967

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2
8. DATE OF BIRTH 29 May 1892
9. AGE (In years last birthday) 75 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper 01
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Mabel, North Carolina
12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME John C. Moretz — BIRTHPLACE No. Car.
14. MOTHER'S MAIDEN NAME Nancy J. Wilson — BIRTHPLACE no record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. no record
17. INFORMANT'S OWN SIGNATURE Dorothy Edelman — ADDRESS Stanfield, Ore.

18. CAUSE OF DEATH 1538
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) adenocarcinoma of colon — INTERVAL BETWEEN ONSET AND DEATH 2 years

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 1965
19b. MAJOR FINDINGS OF OPERATION metastatic adenocarcinoma of colon
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov, 1965, *to* 14 June, 1967, *that I last saw the deceased alive on* 11 June, 1967, *and that death occurred at* 12:45AM, *from the causes and on the date stated above.*

23a. SIGNATURE 227 David W. Heusinkveld (Degree or title) 1
23b. ADDRESS 307 St John's Way
23c. DATE SIGNED 15 June 67

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 3
24b. DATE 17 June 1967
24c. NAME OF CEMETERY OR CREMATORY Juliaetta Cemetery
24d. LOCATION (City, town, or county) (State) Juliaetta, Idaho

DATE REC'D BY LOCAL REG. 6-20-67
REGISTRAR'S SIGNATURE Lynette Knott
25. EMBALMER L. E. DeBaun — Malcom's Brower-Wann Memorial Chapel
LICENSE NO. E-295

Federal Security Agency
United States Public Health Service
Form DH-63021
FIRM NAME:

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

JUN 27 1967

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

State File No. 2697
Local Reg. No. 153
Reg. Dist. No. 220

67-5909
BIRTH NO.

RECEIVED

Certificate of Death

STATE OF IDAHO

JUN 30 1967

Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 35 Nez Perce (301 307)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 35
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 3413 - 11th Street

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH	(Month)	(Day)	(Year)
	HENRY	MARK	BIDDLE		June	17	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Never Married	16 June 1967	- - - -	- -	1	10	30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
None 02	None	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Henry A. Biddle	Waco, Texas	Sharon Eitizen	Littlerock, Ark.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	X Henry A. Biddle	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

7735

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Hyaline Membran Disease 24 hr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Prematurity.

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 6/16, 1967, *to* 6/17, 1967, *that I last saw the deceased alive on* ____, 19__ *and that death occurred at* 9:10 PM *m., from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
W. E. Pierce	420 MD	Lewiston, Ida.	6/20/67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	19 June 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-27-67	Lynette Knott	W E Black	E-426

FIRM NAME: Malcom's Brower-Wann Memorial Chapel

Federal Security Agency
United States Public Health Service

Form DH-63021

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED-CHAPTER 30, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The International classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 218.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

BIRTH NO.

RECEIVED JUN 30 1967 Bureau of Vital Statistics

Certificate of Death

STATE OF IDAHO

State File No. 2698
Local Reg. No. 152
Reg. Dist. No. 220

1. PLACE OF DEATH
a. COUNTY 35 NezPerce 301
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) 1 day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 128

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho 351
b. COUNTY NezPerce
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
d. STREET ADDRESS (If rural, give location) 740 Cedar Ave.

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	CHARLES	A	WILSON	June	22	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	IF UNDER 1 YEAR Months	Days	IF UNDER 24 HRS. Hours	Min.
Male	White	Widowed 2	10 Jan 1875	92				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Farmer 04	Stock & Grain	Fulton Co., Illinois	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
No Record	No Record	No Record	No Record

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
No	No Record	O. E. Wilkens	Lewiston, Idaho

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Complete heart block — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic H D — 3 yrs
DUE TO (c) Hypertension, Arterial — 3 yrs

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
Uremia — 3 mo

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	21f. HOW DID INJURY OCCUR?
m.		

22. *I hereby certify that I attended the deceased from* 10-2, 1950, *to* 6-22, 1967, *that I last saw the deceased alive on* 6-19, 1967, *and that death occurred at* 9:20 AM., *from the causes and on the date stated above.*

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
C. O. Newton	MD 388	Lewiston, Idaho	6-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	24 June 1967	Normal Hill Cemetery	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
6-27-67	Lynette Knott	W E Black — Malcom's Brower-Wann Memorial Chapel	E-426

Federal Security Agency
United States Public Health Service

Form DH-63021

FIRM NAME:

DUTIES: JUN 30 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2699
Local Reg. No. 151
Reg. Dist. No. 220

BIRTH NO.

RECEIVED
JUN 30 1967
Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY: 35 NezPerce
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
STAY (in this place): 2 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1511-16th Ave

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Idaho
b. COUNTY: 35
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lewiston
d. STREET ADDRESS (If rural, give location): 1511-16th Ave

3. NAME OF DECEASED (Type or Print)
a. (First): Perry
b. (Middle): Dale
c. (Last): Brown

4. DATE OF DEATH: (Month) 6 (Day) 23 (Year) 67

5. SEX: male

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Divorced 4

8. DATE OF BIRTH: 6-6-1941

9. AGE (In years last birthday): 26
If UNDER 1 YEAR: Months / Days
If UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Driller 21

10b. KIND OF BUSINESS OR INDUSTRY: Dworshak Dam

11. BIRTHPLACE (State or foreign country): Foster, Okla.

12. CITIZEN OF WHAT COUNTRY?: U.S.

13. FATHER'S NAME: Claude E. Brown
BIRTHPLACE: Okla.

14. MOTHER'S MAIDEN NAME: Nettie Meacham
BIRTHPLACE: Kans

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no
(If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 445-38-4087

17. INFORMANT'S OWN SIGNATURE: X Claude Brown
ADDRESS: Rt 2 Box Metaline Falls, Wash.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c).

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

331X

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Natural Causes
INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Probable Cerebral Vascular Acc
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19____, *to* _____, 19____, *that I last saw the deceased alive on* _____, 19____, *and that death occurred at* 6:45p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Certified Physician 583 (Degree or title) Coroner 4

23b. ADDRESS: Lewiston, Idaho

23c. DATE SIGNED: 6-24-67

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal 3

24b. DATE: June 24, 1967

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State): Picher, Okla.

DATE REC'D BY LOCAL REG.: 6-24-67

REGISTRAR'S SIGNATURE: Lynette Knott

25. EMBALMER: V. Vasser
LICENSE NO.: E 297

FIRM NAME: Vassar-Rawls Funeral Home

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES: JUN 30 1967

1. INFORMANT SHALL SIGN HIS OWN NAME, under item 17 to authenticate the facts stated under items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

2. THE FUNERAL DIRECTOR is responsible for completing the entire certificate, obtaining the signatures of the INFORMANT and the OFFICIAL last in attendance on the deceased.

3. THE REGISTRAR can issue a burial or removal permit ONLY after receiving a completed death certificate, including the SIGNATURES IN BLACK ink under items 17, 23a and 25.

PENALTIES: Under the Idaho law, it is a misdemeanor to

(a) Knowingly supply false information to any one connected with completing a death certificate;
(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

STATEMENT OF PLACE OF DEATH

Special attention should be given to the satisfactory completion of EACH portion of this item. The city or town and street address or route number refer to PLACE WHERE THE DEATH OCCURRED. For deaths occurring in hospitals, maternity homes, or institutions, the name of the place and length of stay MUST be stated.

STATEMENT OF USUAL RESIDENCE OF DECEASED

Regardless of the fact that the person may have lived his entire life at the place of death, ALWAYS COMPLETE ALL PARTS OF THIS ITEM. In case a person has resided in the county where death occurred for less than one year, give address of FORMER RESIDENCE. The post office of the deceased may be in a county or state other than the county of actual residence.

IDAHO CODE ANNOTATED—CHAPTER 38, SECTION 206.

The personal and statistical particulars (items 1 to 16) shall be authenticated by the signature of the informant, who may be any competent person acquainted with the facts.

The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....

Certificate of Death

STATE OF IDAHO

State File No. 2700
Local Reg. No. 162
Reg. Dist. No. 220

BIRTH NO.

RECEIVED JUL 19 1967 Bureau of Vital Statistics

1. PLACE OF DEATH
a. COUNTY 351 NezPerce 000
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Lewiston
c. LENGTH OF STAY (in this place) DOA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Josephs Hospital 000

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Idaho
b. COUNTY 290 Latah
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Juliaetta
d. STREET ADDRESS (If rural, give location) P O Box - 43

3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
	TIMOTHY	DUANE	COOK	June	24	1967

5. SEX	6. COLOR OR RACE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE (In years last birthday)	If UNDER 1 YEAR Months	Days	If UNDER 24 HRS. Hours	Min.
Male	White	Never Married	2 Dec. 1965	11				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Student 03	Elemt. Sch.	Lewiston, Idaho	USA

13. FATHER'S NAME	BIRTHPLACE	14. MOTHER'S MAIDEN NAME	BIRTHPLACE
Asa Cook, Jr.	Juliaetta, Ida.	Shirley Condroy	Lewiston, Idaho

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S OWN SIGNATURE	ADDRESS
no		none	Mrs. Asa Cook	Juliaetta, Ida.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

**This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) multipl injuries, accidental

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) primarily head trauma,
DUE TO (c) possible chest injury

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
		YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP)	(COUNTY)	(STATE)
ACCIDENT	Home Farm 02	13 Juliaetta, Idaho	290	

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK	NOT WHILE AT WORK	21f. HOW DID INJURY OCCUR?
6-24-67 - 10 a m.	☒	☐	tractor ran over him

22. *I hereby certify that I attended the deceased from* 24 June 67 AT 1250 PM, 19___, to ___, 19___, *that I last saw the deceased alive on* ___, 19___, *and that death occurred at* ___ m., *from the causes and on the date stated above.* - pronounced dead on arr

23a. SIGNATURE	(Degree or title)	23b. ADDRESS	23c. DATE SIGNED
R D Cowson	787 MD1	307 St Johns Way Lewiston	6-29-67

24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY	24d. LOCATION (City, town, or county) (State)
Burial	26 June 1967	Lewis-Clark Memo. Gard.	Lewiston, Idaho

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	25. EMBALMER	LICENSE NO.
7-7-67	Lynette Knott	W E Black Malcom's Brower-Wann Memorial Chapel	E-426

FIRM NAME:

Federal Security Agency
United States Public Health Service

Form DH-63021

Informant, Funeral Director, Registrar and Medical Attendant. EACH must sign with BLACK INK in OWN handwriting. Each item should be answered as completely as possible. State answers as unknown only after a careful investigation. Use BLACK ink or BLACK record typewriter ribbon in filling out certificate. (ICA 38-206 and 215.) Address correspondence to BUREAU OF VITAL STATISTICS, BOISE, IDAHO

DUTIES:

1. INFORMANT SHALL SIGN HIS OWN NAME, under Item 17 to authenticate the facts stated under Items 1 to 16 inclusive. In case of facts taken from hospital or public records, the person authorized to release the facts shall sign HIS name in addition to giving the source of information.

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(b) Neglect or refuse to certify to the cause of death on request of the person in charge of the disposition of the deceased.
(c) Remove or bury the body of a deceased person WITHOUT the proper permit being FIRST obtained from the local registrar in the district WHERE THE DEATH OCCURRED;
(d) Alter a certificate on file in the office of a local registrar.

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IDAHO CODE ANNOTATED–CHAPTER 30, SECTION 206.

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The statement of facts relating to the disposition of the body shall be signed by the undertaker or person acting as such.

The medical certificate shall be made and signed by the physician, if any, last in attendance on the deceased, who shall specify the time in attendance, the time he last saw the deceased alive and the hour of the day at which death occurred. And he shall further state the cause of death, so as to show the course of disease or sequence of causes resulting in death, giving the primary cause, and also the contributory causes, if any, and the duration of each. Indefinite and unsatisfactory terms, indicating only symptoms of disease or conditions resulting from disease, will not be held sufficient for issuing a burial or removal permit; and any certificate containing only such terms as defined by the state registrar as indefinite and unsatisfactory, shall be returned to the physician for correction and definition. The international classification of the causes of death shall be used by all physicians in stating the cause of death in the medical certificate. Causes of death, which may be the result of either disease or violence, shall be carefully defined; and if from violence, its nature shall be stated, and whether (probably) accidental, suicidal, or homicidal.

ADDITIONAL REMARKS by Physician.....